

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31, 2010**. 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 SF-424**

Version 02

**\*1. Type of Submission:**

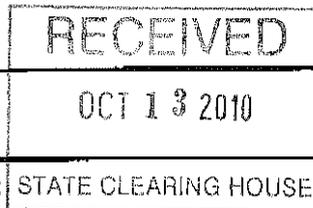
- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

Please See Attached

STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: The Salvation Army, a California corporation

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

94-1156347

\*c. Organizational DUNS:

074629460

**d. Address:**

\*Street 1: 180 East Ocean Boulevard, Suite 500

Street 2: \_\_\_\_\_

\*City: Long Beach

County: Los Angeles

\*State: CA

Province: \_\_\_\_\_

\*Country: USA

\*Zip / Postal Code 90802

**e. Organizational Unit:**

Department Name:

Division Name:

Southern California

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

Prefix: Mr.

\*First Name: Steve

Middle Name: \_\_\_\_\_

\*Last Name: Lytle

Suffix: \_\_\_\_\_

Title: Funding Consultant

Organizational Affiliation:

\*Telephone Number: (213) 553-3253

Fax Number: (213) 607-7253

\*Email: Steve.Lytle@usw.salvationarmy.org

**Application for Federal Assistance SF-424**

Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:**

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**14.235**CFDA Title:**Supportive Housing Program**\*12 Funding Opportunity Number:**FR-5415-N-17**\*Title:**Notice of Funding Availability for Continuum of Care (CoC) Homeless Assistance Programs**13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**

State of California, Counties of Los Angeles and Ventura, Cities of Los Angeles, Bell, Santa Fe Springs, Glendale, Long Beach, and Ventura.

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

The Salvation Army Southern California Division Supportive Housing Program at Alegria, Bell Shelter, Haven, Santa Fe Springs Transitional Living Center, The Way In, Westwood Transitional Village, Long Beach Transitional Living Center, Glendale Nancy Painter House, Glendale Chester Village, and Ventura Transitional Living Center.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 46

\*b. Program/Project: Please see attached

**17. Proposed Project:**

\*a. Start Date: 02/01/2011

\*b. End Date: 12/31/2012

**18. Estimated Funding (\$):**

*a. Federal	_____	2,535,477
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	2,535,477

**\*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 August 10, 2010
- 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: Lt. Colonel      \*First Name: Victor

Middle Name: A.

\*Last Name: Leslie

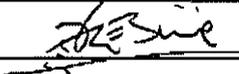
Suffix: \_\_\_\_\_

\*Title: Divisional Commander

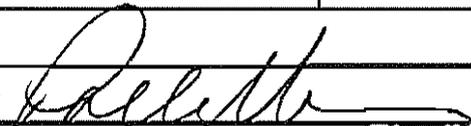
\*Telephone Number: (213) 553-3253

Fax Number: (213) 607-7253

\* Email: Victor.Leslie@usw.salvationarmy.org

\*Signature of Authorized Representative: 

\*Date Signed: 10/5/2010

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 34	*b. Program/Project: 39	
<b>17. Proposed Project:</b>		
*a. Start Date: 10-01-11	*b. End Date: 9-30-12	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	295,657
*b. Applicant	_____	206,400
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	502,057
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>7-27-10</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Polly</u>	
Middle Name: <u>C.</u>		
*Last Name: <u>Williams</u>		
Suffix: _____		
*Title: <u>President</u>		
*Telephone Number: 213-580-1850	Fax Number: 213-580-1820	
* Email: <u>Polly@unitedfriends.org</u>		
*Signature of Authorized Representative: 		*Date Signed: <u>10-13-10</u>

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 *Other (Specify) _____ <input type="checkbox"/> Revision
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: CA043189D000802
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: United Friends of the Children		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3665186		*c. Organizational DUNS: 146784884
d. Address:		<div style="border: 1px solid black; padding: 5px; text-align: center;">             RECEIVED              OCT 18 2010              STATE CLEARING HOUSE           </div>
*Street 1:	<u>1055 Wilshire Blvd., Suite 1955</u>	
Street 2:	_____	
*City:	<u>Los Angeles</u>	
County:	<u>Los Angeles</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>United States</u>	
*Zip / Postal Code	<u>90017</u>	
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: <u>Polly</u>
Middle Name:	<u>C.</u>	
*Last Name:	<u>Williams</u>	
Suffix:	_____	
Title:	<u>President</u>	
Organizational Affiliation:		
*Telephone Number: 213-580-1850		Fax Number: 213-580-1820
*Email: <u>Polly@unitedfriends.org</u>		

Application for Federal Assistance SF-424	Version 02
<p><b>*9. Type of Applicant 1: Select Applicant Type:</b> M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p><b>*10 Name of Federal Agency:</b> U.S Department of Housing and Urban Development</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b> 14.235</p> <p>CFDA Title: Supportive Housing Program</p>	
<p><b>*12 Funding Opportunity Number:</b> FR 5415-N-17</p> <p>*Title: Notice of Funding Availability for Continuum of Care (CoC) Homeless Assistance Programs</p>	
<p><b>13. Competition Identification Number:</b> _____</p> <p>Title: _____</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b></p>	
<p><b>*15. Descriptive Title of Applicant's Project:</b> Pathways to Independence, a transitional housing program for homeless emancipated foster youth.</p>	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

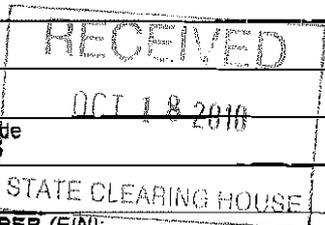
OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application	2. DATE SUBMITTED 10/18/2010	Applicant Identifier
	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Bethany Services dba Bakersfield Homeless Center	Organizational Unit: Department:
Organizational DUNS: 781523824	Division:
Address: Street: 1600 East Truxtun Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Louis
City: Bakersfield	Middle Name
County: Kern	Last Name Gill
State: CA	Zip Code 93305
Country: USA	Email: lbjll@bakhc.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 2 8 5 8 9 3 6	Phone Number (give area code) 661-322-9199	Fax Number (give area code) 661-322-9203
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8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 3 5 TITLE (Name of Program): Supportive Housing Program (SHP)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing Access Unit
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Kern and Bakersfield, CA	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development
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13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 & 22 b. Project 20 & 22
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 176,881 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/18/2010
b. Applicant \$ 42,115 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No
f. Program Income \$ <sup>00</sup>	
g. TOTAL \$ 218,996 <sup>00</sup>	

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 Louis Louis	b. Title Executive Director	c. Telephone Number (give area code) 661-322-9199
Last Name Gill	d. Signature of Authorized Representative	e. Date Signed 10/18/2010
Suffix		

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 10/18/2010	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Bethany Services dba Bakersfield Homeless Center

Organizational DUNS: 781523824

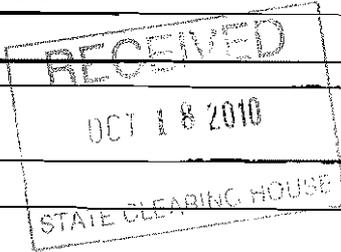
Address: 1600 East Truxtun Avenue, Bakersfield, Kern, CA 93305

City: Bakersfield, County: Kern, State: CA, Zip Code: 93305, Country: USA

Organizational Unit: Department: Division:

Name and telephone number of person to be contacted on matters involving this application (give area code):  
 Prefix: Middle Name: Last Name: Gill, Suffix: First Name: Louis

Email: lbgill@bakhc.com



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 95-2858936

Phone Number (give area code): 661-322-9199  
 Fax Number (give area code): 661-322-9203

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 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)  
 Not for Profit  
 Other (specify)

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

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 14-235

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Transitional Services Project

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 County of Kern and Bakersfield, CA

**13. PROPOSED PROJECT**  
 Start Date: Ending Date:

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

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/18/2010 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 269,408 <sup>00</sup>	
b. Applicant	\$ 64,146 <sup>00</sup>	
c. State	\$ <sup>00</sup>	
d. Local	\$ <sup>00</sup>	
e. Other	\$ <sup>00</sup>	
f. Program Income	\$ <sup>00</sup>	
g. TOTAL	\$ 333,554 <sup>00</sup>	

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

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

**a. Authorized Representative**

Prefix: First Name: Louis, Middle Name: Last Name: Gill, Suffix: Title: Executive Director, Telephone Number (give area code): 661-322-9199, Date Signed: 10/18/2010

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>																							
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none; vertical-align: top;"> <p><b>* 1. Type of Submission:</b></p> <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application             </td> <td style="width:33%; border: none; vertical-align: top;"> <p><b>* 2. Type of Application:</b></p> <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision             </td> <td style="width:33%; border: none; vertical-align: top;"> <p><b>* If Revision, select appropriate letter(s):</b>  <input type="text"/></p> <p><b>* Other (Specify):</b>  <input type="text"/></p> </td> </tr> </table>			<p><b>* 1. Type of Submission:</b></p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p><b>* 2. Type of Application:</b></p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p><b>* If Revision, select appropriate letter(s):</b>  <input type="text"/></p> <p><b>* Other (Specify):</b>  <input type="text"/></p>																				
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<b>8. APPLICANT INFORMATION:</b>																									
<p><b>* a. Legal Name:</b> <input type="text" value="Breathe California of the Bay Area"/></p>																									
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p><b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>  <input type="text" value="94-1156307"/></p> </td> <td style="width:50%; border: none;"> <p><b>* c. Organizational DUNS:</b>  <input type="text" value="092209603"/></p> </td> </tr> </table>			<p><b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>  <input type="text" value="94-1156307"/></p>	<p><b>* c. Organizational DUNS:</b>  <input type="text" value="092209603"/></p>																					
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<b>d. Address:</b>																									
<table style="width:100%; border: none;"> <tr> <td style="width:15%; border: none;"><b>* Street1:</b></td> <td style="border: none;"><input type="text" value="1469 Park Avenue"/></td> </tr> <tr> <td style="border: none;"><b>Street2:</b></td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none;"><b>* City:</b></td> <td style="border: none;"><input type="text" value="San Jose"/></td> </tr> <tr> <td style="border: none;"><b>County:</b></td> <td style="border: none;"><input type="text" value="Santa Clara"/></td> </tr> <tr> <td style="border: none;"><b>* State:</b></td> <td style="border: none;"><input type="text" value="CA: California"/></td> </tr> <tr> <td style="border: none;"><b>Province:</b></td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none;"><b>* Country:</b></td> <td style="border: none;"><input type="text" value="USA: UNITED STATES"/></td> </tr> <tr> <td style="border: none;"><b>* Zip / Postal Code:</b></td> <td style="border: none;"><input type="text" value="95126"/></td> </tr> </table>			<b>* Street1:</b>	<input type="text" value="1469 Park Avenue"/>	<b>Street2:</b>	<input type="text"/>	<b>* City:</b>	<input type="text" value="San Jose"/>	<b>County:</b>	<input type="text" value="Santa Clara"/>	<b>* State:</b>	<input type="text" value="CA: California"/>	<b>Province:</b>	<input type="text"/>	<b>* Country:</b>	<input type="text" value="USA: UNITED STATES"/>	<b>* Zip / Postal Code:</b>	<input type="text" value="95126"/>							
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<b>Department Name:</b> <input type="text"/>	<b>Division Name:</b> <input type="text"/>																								
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>																									
<table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;"><b>Prefix:</b> <input type="text"/></td> <td style="width:30%; border: none;"><b>* First Name:</b> <input type="text" value="Margo"/></td> <td rowspan="4" style="width:40%; border: none; text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>OCT 18 2010</p> <p>STATE CLEARING HOUSE</p> </div> </td> </tr> <tr> <td style="border: none;"><b>Middle Name:</b> <input type="text"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>* Last Name:</b> <input type="text" value="Bidener"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>Suffix:</b> <input type="text"/></td> <td style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: none;"><b>Title:</b> <input type="text" value="President &amp; CEO"/></td> </tr> <tr> <td colspan="3" style="border: none;"><b>Organizational Affiliation:</b> <input type="text" value="Breathe California of the Bay Area"/></td> </tr> <tr> <td colspan="3" style="border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>* Telephone Number:</b> <input type="text" value="408-998-5865"/></td> <td style="width:50%; border: none;"><b>Fax Number:</b> <input type="text" value="408-998-0578"/></td> </tr> </table> </td> </tr> <tr> <td colspan="3" style="border: none;"><b>* Email:</b> <input type="text" value="margo@lungarua.org"/></td> </tr> </table>			<b>Prefix:</b> <input type="text"/>	<b>* First Name:</b> <input type="text" value="Margo"/>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>OCT 18 2010</p> <p>STATE CLEARING HOUSE</p> </div>	<b>Middle Name:</b> <input type="text"/>		<b>* Last Name:</b> <input type="text" value="Bidener"/>		<b>Suffix:</b> <input type="text"/>		<b>Title:</b> <input type="text" value="President &amp; CEO"/>			<b>Organizational Affiliation:</b> <input type="text" value="Breathe California of the Bay Area"/>			<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>* Telephone Number:</b> <input type="text" value="408-998-5865"/></td> <td style="width:50%; border: none;"><b>Fax Number:</b> <input type="text" value="408-998-0578"/></td> </tr> </table>			<b>* Telephone Number:</b> <input type="text" value="408-998-5865"/>	<b>Fax Number:</b> <input type="text" value="408-998-0578"/>	<b>* Email:</b> <input type="text" value="margo@lungarua.org"/>		
<b>Prefix:</b> <input type="text"/>	<b>* First Name:</b> <input type="text" value="Margo"/>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>OCT 18 2010</p> <p>STATE CLEARING HOUSE</p> </div>																							
<b>Middle Name:</b> <input type="text"/>																									
<b>* Last Name:</b> <input type="text" value="Bidener"/>																									
<b>Suffix:</b> <input type="text"/>																									
<b>Title:</b> <input type="text" value="President &amp; CEO"/>																									
<b>Organizational Affiliation:</b> <input type="text" value="Breathe California of the Bay Area"/>																									
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>* Telephone Number:</b> <input type="text" value="408-998-5865"/></td> <td style="width:50%; border: none;"><b>Fax Number:</b> <input type="text" value="408-998-0578"/></td> </tr> </table>			<b>* Telephone Number:</b> <input type="text" value="408-998-5865"/>	<b>Fax Number:</b> <input type="text" value="408-998-0578"/>																					
<b>* Telephone Number:</b> <input type="text" value="408-998-5865"/>	<b>Fax Number:</b> <input type="text" value="408-998-0578"/>																								
<b>* Email:</b> <input type="text" value="margo@lungarua.org"/>																									

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

## Application for Federal Assistance SF-424

Version 02

## 8. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

Environmental Protection Agency

## 11. Catalog of Federal Domestic Assistance Number:

66.034

## CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities  
Relating to the Clean Air Act

## \* 12. Funding Opportunity Number:

EPA-R9-AIR6-10-005

## \* Title:

Indoor Environments: Reducing Public Exposure to Indoor Pollutants

## 13. Competition Identification Number:

## Title:

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

Santa Clara, San Benito, Alameda, Monterey, and Santa Cruz Counties

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

Reducing Indoor Asthma Trigger Exposure Through Education and Care Integration

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

**Application for Federal Assistance SF-424** Version 02

**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="70,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="70,000.00"/>

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

a. This application was made available to the State under the Executive Order 12372 Process for review on

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

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

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

Yes  No

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1004)**

\*\* 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:

California Congressional Districts that will be targeted by this project:

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	*Other (Specify) _____
<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> Revision	
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: CA0396B9D000802
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>*8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Los Angeles Youth Network		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3953979		*c. Organizational DUNS: 175842889
<b>d. Address:</b>		
*Street 1:	<u>1754 Taft Avenue</u>	
Street 2:	_____	
*City:	<u>Los Angeles</u>	
County:	_____	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>United States Of America</u>	
*Zip / Postal Code	<u>90028</u>	
<b>e. Organizational Unit:</b>		
Department Name:		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	<u>Ms</u>	*First Name: <u>Mayra</u>
Middle Name:	_____	
*Last Name:	<u>Camarillo</u>	
Suffix:	_____	
Title:	<u>Director of Administration</u>	
Organizational Affiliation:		
*Telephone Number: 323-467-8466		Fax Number: 323-464-4357
*Email: mcamarillo@layn.org		

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OCT 18 2010

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.235

CFDA Title:

Supportive Housing Program

**\*12 Funding Opportunity Number:**

FR-5415-N-17

\*Title:

Continuum of Care Homeless Assistance Competiton

**13. Competition Identification Number:**

Coc-01

Title:

2010 SuperNOFA Continuum of Care

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

Los Angeles County, California

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

The Los Angeles Youth Network Hollywood Youth Shelter provides emergency shelter to homeless, unaccompanied and runaway youth ages 12-17 yrs of age for a maximum of 90 days.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 33

\*b. Program/Project: 33

**17. Proposed Project:**

\*a. Start Date: 2011

\*b. End Date: 2012

**18. Estimated Funding (\$):**

*a. Federal	_____	140,000.00
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	0
*g. TOTAL	_____	140,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 08/09/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr      \*First Name: Matt

Middle Name: \_\_\_\_\_

\*Last Name: Kamin

Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 323-467-8466

Fax Number: 323-464-4357

\* Email: mkamin@layn.org

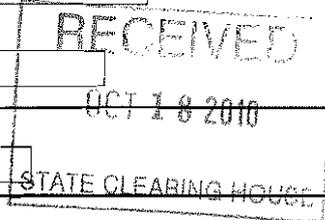
\*Signature of Authorized Representative:

\*Date Signed: 08/09/2010

**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	* 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: Los Angeles Harbor College

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2587353	* c. Organizational DUNS: 133294884
---	--

**d. Address:**

* Street1:	1111 Figueroa Place
Street2:	_____
* City:	Wilmington
County:	Los Angeles
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90744

**e. Organizational Unit:**

Department Name: Economic Development	Division Name: Resource Development
--	--

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

Prefix: _____	* First Name: Bobby
Middle Name: _____	
* Last Name: McNeel	
Suffix: _____	

Title: Vice President of Economic Development

Organizational Affiliation:  
\_\_\_\_\_

* Telephone Number: 310-233-4041	Fax Number: 310-233-4661
----------------------------------	--------------------------

\* Email: mcneelbr@lahc.edu

**Application for Federal Assistance SF-424**

Version 02

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities  
Relating to the Clean Air Act

**\* 12. Funding Opportunity Number:**

EPA-R9-AIR6-10-005

\* Title:

Indoor Environments: Reducing Public Exposure to Indoor Pollutants

**13. Competition Identification Number:**

Title:

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

Wilmington, California  
Los Angeles County

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

Mitigating Asthma Triggers At Home (MATAH) - A pilot program to create and deliver a curriculum for students, teachers and parents of Early Education Centers to identify and mitigate asthma triggers.

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**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="70,000.00"/>
* b. Applicant	<input type="text" value="20,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="24,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="114,000.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

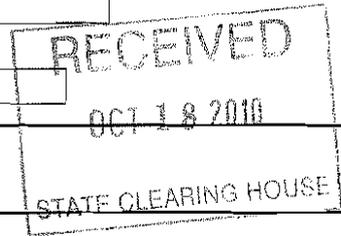
\* Email:

\* Signature of Authorized Representative  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

* 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	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
--	--	---



* 3. Date Received: 10/18/2010	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: Los Angeles Harbor College

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2587353	* c. Organizational DUNS: 133294884
---	--

**d. Address:**

\* Street1: 1111 Figueroa Place  
Street2: \_\_\_\_\_  
\* City: Wilmington  
County: Los Angeles  
\* State: CA: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 90744

**e. Organizational Unit:**

Department Name: Economic Development	Division Name: Resource Development
--	--

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

Prefix: \_\_\_\_\_ \* First Name: Bobby  
Middle Name: \_\_\_\_\_  
\* Last Name: McNeel  
Suffix: \_\_\_\_\_

Title: Vice President of Economic Development

Organizational Affiliation:  
\_\_\_\_\_

\* Telephone Number: 310-233-4041 Fax Number: 310-233-4661

\* Email: mcneelbr@lahc.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify).

\* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities  
Relating to the Clean Air Act

\* 12. Funding Opportunity Number:

EPA-R9-AIR6-10-005

\* Title:

Indoor Environments: Reducing Public Exposure to Indoor Pollutants

13. Competition Identification Number:

Title:

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

Wilmington, California  
Los Angeles County

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

Measuring Indoor Air Quality In Schools (MAIQIS) - A pilot program to suggest new indoor air  
quality standards based on measurable levels of particulates and volatile organic compounds in  
classrooms.

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

\* 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="70,000.00"/>
* b. Applicant	<input type="text" value="20,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="24,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="114,000.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation *Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: YMCA of Metropolitan Los Angeles		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1644-52		*c. Organizational DUNS: '074125949
d. Address:		
*Street 1:	1553 N. Schrader Blvd	
Street 2:	_____	
*City:	Hollywood	
County:	Los Angeles	
*State:	CA	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	90028	
e. Organizational Unit:		
Department Name: n/a		Division Name: n/a
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mrs.	*First Name: Katherine
Middle Name:	Marie	
*Last Name:	Gordillo	
Suffix:	_____	
Title:	Director of Development	
Organizational Affiliation: Staff		
*Telephone Number: 213-639-7542		Fax Number: 323-467-3026
*Email: kittygordillo@ymcala.org		

RECEIVED

OCT 18 2010

STATE CLEARING HOUSE

OMB Number: 4040-0004  
Expiration Date: 01/31/2009**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**  
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**  
United States Department of Housing and Urban Development**11. Catalog of Federal Domestic Assistance Number:**14-235

CFDA Title:

Supportive Housing Program (SHP)**\*12 Funding Opportunity Number:**FR-5415-N-17

\*Title:

Continuum of Care**13. Competition Identification Number:**CoC-01

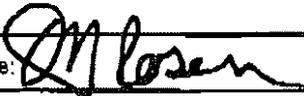
Title:

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

Hollywood, California

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

A Brighter Future, Transitional Housing Program for Women and Their Children

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 29	*b. Program/Project: 29	
<b>17. Proposed Project:</b>		
*a. Start Date: 3/1/2011	*b. End Date: 2/28/2012	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	177,487
*b. Applicant	_____	69,285
*c. State	_____	
*d. Local	_____	
*e. Other	_____	84,750
*f. Program Income	_____	
*g. TOTAL	_____	331,522
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: Mr _____	*First Name: Larry _____	
Middle Name: M. _____		
*Last Name: Rosen _____		
Suffix: _____		
*Title: President and CEO		
*Telephone Number: 213-251-2201	Fax Number:	
* Email: larryrosen@ymcala.org		
*Signature of Authorized Representative: 	*Date Signed: 10/15/10	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 14, 2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Tahoe City Public Utility District	Organizational OUNS: 073791287	Organizational Unit: Department: n/a
Address: Street: 221 Fairway Drive (P.O. Box 5249)	City: Tahoe City	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Bree
County: Placer County	State: CA	Middle Name N.
Zip Code 98145	Country: United States of America	Last Name Allen
		Suffix:
		Email: ballen@auerbachengineering.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 8 0 1 9 7 1 1 1	Phone Number (give area code) 530 581.1118 ext. 13	Fax Number (give area code) 530.581.3162
---	---	---

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) L L	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lake Forest Water Improvement District Water Main Replacement Project
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tahoe City, Placer County, CA	

13. PROPOSED PROJECT Start Date: May 1, 2011	Ending Date: Oct. 15, 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 04	b. Project 04
--	-------------------------------	---	------------------

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 800,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 29, 2010
b. Applicant \$ 1,262,633	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 1,000,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 475,000	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 \$ 3,537,633	

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 James	Middle Name Alan
Last Name Dykstra		Suffix
b. Title Treasurer, Director of Accounting and Employee Services		c. Telephone Number (give area code) 530 583.3796 ext. 20
d. Signature of Authorized Representative <i>James A. Dykstra</i>		e. Date Signed June 14, 2010

**APPLICATION FOR FEDERAL ASSISTANCE**

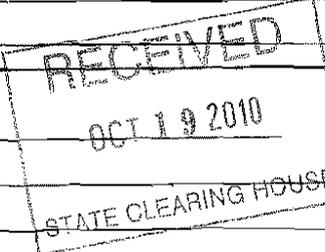
OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 10/19/2010	<b>Applicant Identifier</b>
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> Bethany Services dba Bakersfield Homeless Center	<b>Organizational Unit:</b> Department:
<b>Organizational DUNS:</b> 781523824	<b>Division:</b>
<b>Address:</b> Street: 1600 East Truxtun Avenue	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Middle Name: Last Name: Gill
City: Bakersfield	Suffix:
County: Kern	<b>Email:</b> lbgill@bakhc.com
State: CA	<b>Phone Number (give area code)</b> 661-322-9199
Zip Code: 93305	<b>Fax Number (give area code)</b> 661-322-9203
Country: USA	



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
95-2858936

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 Not for Profit  
 Other (specify)

**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)

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

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
14-235

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Housing Voucher Program

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
County of Kern and Bakersfield, CA

**13. PROPOSED PROJECT**  
Start Date: Ending Date:

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

**15. ESTIMATED FUNDING:**

a. Federal	\$	65,000.00
b. Applicant	\$	16,250.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	81,250.00

**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: 10/19/2010  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

**a. Authorized Representative**

Prefix	First Name Louis	Middle Name
Last Name Gill	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) 661-322-9199	
d. Signature of Authorized Representative	e. Date Signed 10/19/2010	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 09/23/2010	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier G1098035
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-37-R-1

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit:  
Department: Department of Fish and Game

Organizational DUNS: 808322358

Address:  
Street: 1831 Ninth Street

City: Sacramento

County: Sacramento

State: California Zip Code: 95811

Country: USA

Division: Grants Management Branch (GMB)

Name and telephone number of person to be contacted on matters involving this application (give area code)  
Prefix: First Name: Brian

Middle Name

Last Name: Salazar

Suffix:

Email: bsalazar@dfg.ca.gov

RECEIVED  
OCT 19 2010  
STATE CLEARING HOUSE

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

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
15-834

TITLE (Name of Program): State Wildlife Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Implementing recommendations from California Bird Species of Special Concern

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

13. PROPOSED PROJECT  
Start Date: 12/01/2010 Ending Date: 11/30/2013

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

15. ESTIMATED FUNDING:

a. Federal	\$	136,685
b. Applicant	\$	
c. State	\$	136,685
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	273,370

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

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

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

a. Authorized Representative

Prefix Mr. First Name Blaine Middle Name

Last Name Nickens Suffix

b. Title Chief, Grants Management Branch

c. Telephone Number (give area code) (916) 445-9300

d. Signature of Authorized Representative *Blaine Nickens*

e. Date Signed 9-23-10

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 09/23/2010	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier G1098036
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-36-R-1

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Department of Fish and Game
Organizational DUNS: 808322358	Division: Grants Management Branch (GMB)
Address: Street: 1831 Ninth Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Brian
City: Sacramento	Middle Name
County: Sacramento	Last Name Salazar
State: California Zip Code 95811	Suffix
Country: USA	Email: bsalazar@dfg.ca.gov

RECEIVED  
OCT 19 2010  
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697367	Phone Number (give area code) (916) 323-6201	Fax Number (give area code) (916) 327-6320
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) A. State Other (specify)	
Other (specify)	8. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-634	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Xantus's Murrelet Conservation
TITLE (Name of Program): State Wildlife Grant	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Channel Islands, California	

13. PROPOSED PROJECT Start Date: 10/01/2010 Ending Date: 09/30/2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant various b. Project various
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 45,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$	DATE:
c. State \$ 45,000	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
g. TOTAL \$ 90,000	

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 Mr.	First Name Blaine	Middle Name
Last Name Nickens	Suffix	
b. Title Chief, Grants Management Branch	c. Telephone Number (give area code) (916) 445-8300	
d. Signature of Authorized Representative	e. Date Signed 9-24-10	

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 09/10/2010	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier G1098034
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-35-R-1

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Department of Fish and Game
Organizational DUNS: 808322358	Division: Grants Management Branch (GMB)
Address: Street: 1831 Ninth Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Brian
City: Sacramento	Middle Name
County: Sacramento	Last Name Salazar
State: California	Suffix:
Zip Code 95844	Email: bsalazar@dfg.ca.gov
Country: USA	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1897587	Phone Number (give area code) (916) 323-6201	Fax Number (give area code) (916) 327-6320
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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) A. State Other (specify)
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-834 TITLE (Name of Program): State Wildlife Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sierra Nevada Red Fox Surveys in the Sonora Pass and Lassen Peak Regions
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  
Humboldt-Toiyabe, Stanislaus, Sierra, and Inyo National Forests

13. PROPOSED PROJECT Start Date: 10/01/2010 Ending Date: 09/30/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant various b. Project various
---	---

15. ESTIMATED FUNDING: a. Federal \$ 125,000 b. Applicant \$ c. State \$ 125,000 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 250,000	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: b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	--

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  
 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.

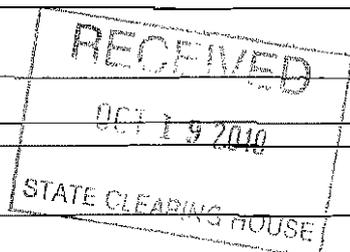
a. Authorized Representative Prefix Mr. First Name Blaine Middle Name Last Name Nickens Suffix	b. Title Chief, Grants Management Branch c. Telephone Number (give area code) (916) 445-9300 e. Date Signed 9/13/2010
d. Signature of Authorized Representative	

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 09/10/2010	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier G1098029
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier T-33R-1

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>
Legal Name: State of California		Department: Department of Fish and Game
Organizational DUNS: 808322358		Division: Grants Management Branch (GMB)
Address: Street: 1831 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento		Prefix: First Name: Brian
County: Sacramento		Middle Name
State: California Zip Code 95811		Last Name: Salazar
Country: USA		Suffix:
		Email: bsalazar@dfg.ca.gov



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 04-1697567	Phone Number (give area code) (916) 323-6201	Fax Number (give area code) (916) 327-6320
---	---	---

<b>8. TYPE OF APPLICATION:</b> <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)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. State Other (specify)
---	--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): State Wildlife Grant 15-834	<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Interior, Fish and Wildlife Service
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Statewide	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> California's Amphibians and Reptiles: Development of a Strategic Plan to Guide Conservation Decisions

<b>13. PROPOSED PROJECT</b> Start Date: 09/10/2010 Ending Date: 06/30/2012	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant b. Project
---	---

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 75,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$	DATE:
c. State \$ 75,000	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
f. Program Income \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
g. TOTAL \$ 150,000	

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.

<b>a. Authorized Representative</b>		
Prefix Mr.	First Name Blaine	Middle Name
Last Name Nickens		Suffix
b. Title Chief, Grants Management Branch		c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative		e. Date Signed



**APPLICATION FOR FEDERAL ASSISTANCE**

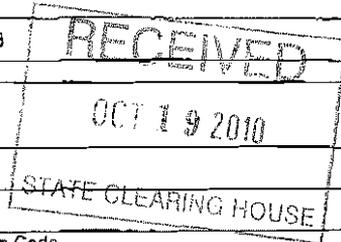
Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	09/10/2010	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		G1098031	
Pre-application				Federal Identifier	
<input type="checkbox"/> Construction				T-32-R-1	
<input checked="" type="checkbox"/> Non-Construction					
5. APPLICANT INFORMATION					
Legal Name: State of California			Organizational Unit:		
			Department: Department of Fish and Game		
Organizational DUNS: 606322358			Division: Grants Management Branch (GMB)		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 1831 Ninth Street			Prefix:		
City: Sacramento			First Name: Brian		
County: Sacramento			Middle Name		
State: California			Last Name: Salazar		
Zip Code: 95811			Suffix:		
Country: USA			Email: bsalazar@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give area code)		Fax Number (give area code)
94-1697587			(916) 323-6201		(916) 327-6320
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			A. State		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY:		
			U.S. Department of Interior, Fish and Wildlife Service		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE (Name of Program): State Wildlife Grant			Development of a Great Gray Owl Conservation Strategy and Habitat Assessment.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			14. CONGRESSIONAL DISTRICTS OF:		
Statewide			a. Applicant various		
13. PROPOSED PROJECT			b. Project various		
Start Date: 11/01/2010			Ending Date: 06/30/2014		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	200,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$		DATE:		
c. State	\$	100,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	100,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
g. TOTAL	\$	400,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Blaine		Middle Name	
Last Name Nickens				Suffix	
b. Title Chief, Grants Management Branch				c. Telephone Number (give area code)	
				(916) 445-9300	
d. Signature of Authorized Representative				e. Date Signed	
				9/19/2010	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 09/10/2010	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: State of California			3. DATE RECEIVED BY STATE	State Application Identifier 61098028
Organizational DUNS: 808322358			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-30-R-1
Address: Street: 1831 Ninth Street		City: Sacramento	Organizational Unit: Department: Department of Fish and Game	
City: Sacramento		County: Sacramento	Division: Grants Management Branch (GMB)	
State: California		Zip Code: 95811	Name and telephone number of person to be contacted on matters involving this application (give area code)	
Country: USA			Prefix:	First Name: Brian
8. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			Middle Name	Last Name: Salazar
9. 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.)			Suffix:	Email: bsalazar@dfg.ca.gov
Other (specify)			Phone Number (give area code) (916) 323-8201	Fax Number (give area code) (916) 327-6320
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): State Wildlife Grant			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
13. PROPOSED PROJECT Start Date: 09/01/2010 Ending Date: 06/30/2013			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Strengthening California's Sensitive Species Data Access and Analysis Capabilities.	
15. ESTIMATED FUNDING:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
a. Federal	\$ 450,000		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: 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	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
c. State	\$ 450,000		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.	
d. Local	\$		a. Authorized Representative Prefix: Mr. First Name: Blaine Middle Name: Last Name: Nickens Suffix:	
e. Other	\$		b. Title: Chief, Grants Management Branch c. Telephone Number (give area code): (916) 445-9300	
f. Program Income	\$		d. Signature of Authorized Representative: [Signature] a. Date Signed: 9/13/2010	
g. TOTAL	\$ 900,000			



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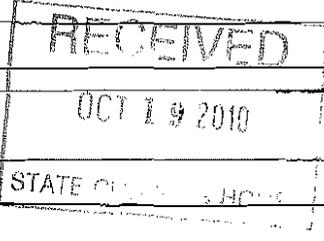
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	09/10/2010	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
			G1098030
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			<del>XXXXX</del> 7-29-R-1

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department of Fish and Game
Organizational DUNS: 808322358	Division: Grants Management Branch (GMB)
Address: 1831 Ninth Street	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento	Prefix: First Name: Brian
County: Sacramento	Middle Name
State: California Zip Code 95811	Last Name Salazar
Country: USA	Suffix:
	Email: bsalazar@dfg.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 323-6201	Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	7. TYPE OF APPLICANT: (See back of form for Application Types)	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	A. State	
Other (specify)	Other (specify)	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-634	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Mammal Species of Special Concern; Effects of Climate Change.
TITLE (Name of Program): State Wildlife Grant	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 09/01/2010	a. Applicant Various
Ending Date: 06/30/2012	b. Project Various

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 125,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$	DATE:
c. State \$ 125,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program income \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
g. TOTAL \$ 250,000	

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 Mr.	First Name Blaine	Middle Name
Last Name Nickens	Suffix	
b. Title Chief, Grants Management Branch	c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative	e. Date Signed 9/3/2010	

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 08/22/2010	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier G1098024	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-28-R-1, Amendment 1	
5. APPLICANT INFORMATION Legal Name: State of California			Organizational Unit: Department: Department of Fish and Game		
Organizational DUNS: 808322358			Division: Grants Management Branch (GMB)		
Address: Street: 1831 Ninth Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento			Prefix:	First Name: Brian	
County: Sacramento			Middle Name		
State: California			Last Name: Salazar		
Zip Code: 95811			Suffix:		
Country: USA			Email: bsalazar@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [8][4]-[1][6][9][7][5][6][7]			Phone Number (give area code) (916) 323-6201	Fax Number (give area code) (916) 327-6320	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" 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) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): State Wildlife Grant			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Amphibian and Reptile Species of Special Concern: Status, effects of climate change, management recommendations, geo-referenced maps, and web portal.		
13. PROPOSED PROJECT Start Date: 07/01/2010 Ending Date: 06/30/2012			14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
15. ESTIMATED FUNDING: a. Federal \$ 51,000 b. Applicant \$ c. State \$ 51,000 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 102,000			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: 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		
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.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
a. Authorized Representative Prefix Mr. First Name Blaine Middle Name Last Name Nickens Suffix			c. Telephone Number (give area code) (916) 445-9300		
b. Title Chief, Grants Management Branch			e. Date Signed		
d. Signature of Authorized Representative					

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application: <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED: 09/10/2010	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier: R0793039
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	
Legal Name: State of California		Federal Identifier: T-18-1 Amendment #1	
Organizational DUNS: 008322358		Organizational Unit: Department of Fish and Game	
Address: 1631 Ninth Street		Division: Grants Management Branch (GMB)	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code):	
County: Sacramento		Prefix: First Name: Brian	
State: California Zip Code: 95811		Middle Name:	
Country: USA		Last Name: Salazar	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1897587		Suffix:	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		Email: bsalazar@dfg.ca.gov	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code): (916) 323-6201	
Other (specify):		Fax Number (give area code): (916) 327-6320	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 115-1634		7. TYPE OF APPLICANT: (See back of form for Application Types)	
TITLE (Name of Program): State Wildlife Grant		A. State	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		Other (specify):	
13. PROPOSED PROJECT Start Date: 10/01/2007 Ending Date: 10/01/2012		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Spotted Owl: Effects of Fuel Reduction Measures on Owl Survival and Reproduction	
a. Federal \$ 110,000	b. Applicant \$	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 4	
c. State \$ 110,000	d. Local \$	18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
e. Other \$	f. Program Income \$	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
g. TOTAL \$ 220,000		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
16. 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.		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Authorized Representative Prefix Mr. First Name Blaine Middle Name		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
Last Name Nickens Suffix			
b. Title Chief, Grants Management Branch		c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative		e. Date Signed 9/18/2010	

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**APPLICATION FOR FEDERAL ASSISTANCE**

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1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 09/10/2010	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier R0585032
3. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-6-3 Amendment #3
Legal Name: State of California		Organizational Unit: Department: Department of Fish and Game	
Organizational DUNS: 808322358		Division: Grants Management Branch (GMB)	
Address: Street: 1831 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Brian	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Salazar	
State: California Zip Code 95811		Suffix:	
Country: USA		Email: bsalazar@dfg.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-1697567		Phone Number (give area code) (916) 923-8201	Fax Number (give area code) (916) 327-8320
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" 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) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): State Wildlife Grant		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Southern California DFG Lands Management Project - Phase 3.	
13. PROPOSED PROJECT Start Date: 07/01/2006 Ending Date: 06/30/2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant various b. Project various	
15. ESTIMATED FUNDING: a. Federal \$ 450,000 b. Applicant \$ c. State \$ 450,000 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 900,000		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: 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	
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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input type="checkbox"/> No	
a. Authorized Representative Prefix Mr. First Name Blaine		Middle Name	
Last Name Nickens		Suffix	
b. Title Chief, Grants Management Branch		c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative		e. Date Signed 9/9/2010	

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APPLICATION FOR FEDERAL ASSISTANCE

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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	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier R0485043		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier T-6-2, Amendment #2		
5. APPLICANT INFORMATION				
Legal Name: State of California		Organizational Unit: Department: Fish and Game		
Organizational DUNS: 808322358		Division: Grants Management Branch		
Address: Street: 1812 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Eric		
City: Sacramento		Middle Name		
County: Sacramento		Last Name: Dauterive		
State: CA Zip Code: 95811		Suffix:		
Country: USA		Email: e.dauterive@att.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697587		Phone Number (give area code) (916) 445-3525		Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-634 TITLE (Name of Program): State Wildlife Grant		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Northern California DFG Land Management Project -Time Extension, New Project Leader		
13. PROPOSED PROJECT Start Date: 05/19/2005 Ending Date: 05/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 4,18,19,20,21,22		
15. ESTIMATED FUNDING: Amended and date and add funds per S. Salazar email 5/8/10 requesting change. law		18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 450,000	b. Applicant \$	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
c. State \$ 450,000	d. Local \$	DATE:		
e. Other \$	f. Program Income \$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
g. TOTAL \$ 900,000		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix Mr. First Name Blaine Middle Name				
Last Name Nickens Suffix				
b. Title Acting Chief, Grants Management Branch		c. Telephone Number (give area code) (916) 445-9300		
d. Signature of Authorized Representative		e. Date Signed 3/16/2010		

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	S Applicant Identifier: HOUSE
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: <i>Donner Summit Public Utility Dist.</i>		Organizational Unit: Department: <i>Administration</i>		
Organizational DUNS: <i>006434575</i>		Division: <i>N/A</i>		
Address: Street: <i>53823 Sherritt Lane, P.O. Box 610</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>Tom</i>		
City: <i>Soda Springs</i>		Middle Name <i>Gunder</i>		
County: <i>Nevada</i>		Last Name <i>Skjelstad</i>		
State: <i>CA</i>	Zip Code <i>95728</i>	Suffix:		
Country: <i>USA</i>		Email: <i>t.skjelstad@dspsud.com</i>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>94-1602356</i>		Phone Number (give area code) <i>530-426-3456</i>	Fax Number (give area code) <i>530-426-3460</i>	
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) <i>G.</i> Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>Water &amp; Waste Disposal</i> <i>10-7160</i> TITLE (Name of Program): <i>loan &amp; Grant Program</i>		9. NAME OF FEDERAL AGENCY: <i>USDA</i>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>State</i>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Donner Summit PUD Wastewater Treatment Plant Upgrade &amp; Expansion Project</i>		
13. PROPOSED PROJECT Start Date: <i>03/2012</i> Ending Date: <i>12/2013</i>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <i>4th</i> b. Project <i>4th</i>		
15. ESTIMATED FUNDING: a. Federal \$ b. Applicant \$ c. State <i>CWSRF</i> \$ <i>1,478,000</i> <i>Planning loan</i> d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$		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: 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		
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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix: <i>Mr.</i> First Name: <i>Thomas</i> Middle Name: <i>Gunder</i> Last Name: <i>Skjelstad</i> Suffix:		c. Telephone Number (give area code) <i>530-426-3456</i>		
b. Title <i>General Manager</i>		e. Date Signed <i>10/12/10</i>		
d. Signature of Authorized Representative <i>[Signature]</i>				

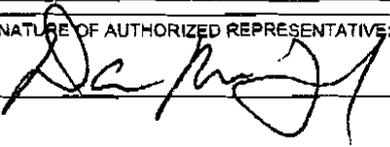
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## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction														
Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's aGrants System)																
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 11SR121774	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER:														
<b>5. APPLICATION INFORMATION</b>																
LEGAL NAME: Volunteer Center Orange County DUNS NUMBER: 054360722	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Ursula Welsh TELEPHONE NUMBER: (714) 953-5757 215 FAX NUMBER: (714) 834-0565 INTERNET E-MAIL ADDRESS: uwelsh@volunteercenter.org															
ADDRESS (give street address, city, state, zip code and county): 1801 E. 4th Street Suite 100 Santa Ana CA 92705 - 3918 County: Orange	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Volunteer Management Organization															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952021700	9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>															
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input checked="" type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION      B. BUDGET REVISION C. NO COST EXTENSION      D. OTHER (specify below):	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP - Orange County, CA 11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program	13. PROPOSED PROJECT: START DATE: 01/01/10      END DATE: 12/31/13															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): All of greater Orange County, CA	14. CONGRESSIONAL DISTRICT OF: a. Applicant: CA 046      b. Program: CA 046															
16. ESTIMATED FUNDING: Year #: 1	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-OCT-10 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. FEDERAL</td> <td style="text-align: right;">\$ 139,420.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 59,746.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 59,746.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 199,166.00</td> </tr> </table>	a. FEDERAL	\$ 139,420.00	b. APPLICANT	\$ 59,746.00	c. STATE	\$ 0.00	d. LOCAL	\$ 59,746.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 199,166.00	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	\$ 139,420.00															
b. APPLICANT	\$ 59,746.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 59,746.00															
e. OTHER	\$ 0.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 199,166.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Dan Moquaid	b. TITLE: President/CEO	c. TELEPHONE NUMBER: (714) 953-5757 138														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		e. DATE SIGNED: 10/19/10														

**PART I - FACE SHEET**

<b>APPLICATION FOR FEDERAL ASSISTANCE</b> <small>Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)</small>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/20/10	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 11SC122375	4. DATE RECEIVED BY FEDERAL AGENCY: 10/20/10	FEDERAL IDENTIFIER:														
<b>5. APPLICATION INFORMATION</b>																
LEGAL NAME: Catholic Charities Diocese of Fresno DUNS NUMBER: 082448119		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Alan Lopez TELEPHONE NUMBER: (559) 496-6377 FAX NUMBER: (559) 486-1687 INTERNET E-MAIL ADDRESS: alopas@ccdof.org														
ADDRESS (give street address, city, state, zip code and county): 148 N Fulton St Fresno CA 93701 - 1607 County:																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941878838	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization Faith-based organization Local Affiliate of National Organization															
8. TYPE OF APPLICATION (Check appropriate box) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION      B. BUDGET REVISION C. NO COST EXTENSION      D. OTHER (specify below):		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">OCT 20 2010</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div>														
9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>																
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program	11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SCP Catholic Charities Diocese of Fresno 11. b. CNCS PROGRAM INITIATIVE (IF ANY):															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno County: Fresno, Clovis, Fowler, Kerman, Selma, Del Rey, Miramonte, Coalinga, Sanger, Firebaugh Madera County: Chowchilla, Madera, Oakhurst	13. PROPOSED PROJECT: START DATE: 01/01/11      END DATE: 12/31/13															
14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="checkbox"/> CA 020      b.Program <input checked="" type="checkbox"/> CA 020	15. ESTIMATED FUNDING: Year #: <input type="checkbox"/> 1															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="text-align: right;">\$ 373,329.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 84,916.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 84,915.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 458,244.00</td> </tr> </table>		a. FEDERAL	\$ 373,329.00	b. APPLICANT	\$ 84,916.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 84,915.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 458,244.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-OCT-11 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372
a. FEDERAL	\$ 373,329.00															
b. APPLICANT	\$ 84,916.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 0.00															
e. OTHER	\$ 84,915.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 458,244.00															
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. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jill Christensen	b. TITLE: Accounting Manager	c. TELEPHONE NUMBER: (559) 237-0651 1103														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 10/20/10														

## PART I - FACE SHEET

### APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application  Non-Construction

RECEIVED

OCT 21 2010

STATE CLEARING HOUSE

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

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

b. APPLICATION ID:

11SR121836

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

**APPLICATION INFORMATION**

LEGAL NAME: Hands On Central California

PHONE NUMBER: 165362708

ADDRESS (give street address, city, state, zip code and county):

732 North Van Ness Avenue  
Fresno CA 93728 - 3424  
County: Fresno

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

NAME: Robbie L. Cranch  
TELEPHONE NUMBER: (559) 237-3101  
FAX NUMBER: (559) 237-6860  
INTERNET E-MAIL ADDRESS: rcranch@handsoncentralcal.org

i. EMPLOYER IDENTIFICATION NUMBER (EIN):

942314572

7. TYPE OF APPLICANT:

7a. Non-Profit  
7b. Community-Based Organization  
Volunteer Management Organization

8. TYPE OF APPLICATION (Check appropriate box).

NEW  NEW/PREVIOUS GRANTEE  
 CONTINUATION  AMENDMENT

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

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER (specify below):

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.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RSVP Fresno

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

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

Fresno, Madera, Merced, Kings and Tulare Counties, CA Major communities include Fresno, Madera, Merced, Hanford, Visalia, Tulare, Porterville, Clovis, Oakhurst,

13. PROPOSED PROJECT: START DATE:

END DATE:

14. CONGRESSIONAL DISTRICT OF: a.Applicant  CA 020 b.Program  CA 020

15. ESTIMATED FUNDING: Year #:

a. FEDERAL		\$ 223,666.00
b. APPLICANT		\$ 93,065.00
c. STATE		\$ 0.00
d. LOCAL		\$ 35,540.00
e. OTHER		\$ 47,525.00
f. PROGRAM INCOME		\$ 10,000.00
g. TOTAL		\$ 316,731.00

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

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

DATE: 19-OCT-10

NO. PROGRAM IS NOT COVERED BY E.O. 12372

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 FULLY 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:

Catherine Caples

b. TITLE:

Executive Director

c. TELEPHONE NUMBER:

(559) 237-3101 101

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

*Catherine D. Caples*

e. DATE SIGNED:

*10/19/10*

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction	
Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)			
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/20/10	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:	
2b. APPLICATION ID: 11SF121950	4. DATE RECEIVED BY FEDERAL AGENCY: 10/20/10	FEDERAL IDENTIFIER: 09SFPCA002	
<b>5. APPLICATION INFORMATION</b>			
LEGAL NAME: Fresno County Economic Opportunities Commission DUNS NUMBER: 078788023		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Victoria A. Lopez TELEPHONE NUMBER: (559) 263-1533 FAX NUMBER: (559) 263-1540 INTERNET E-MAIL ADDRESS: vicki.lopez@fresnoecoc.org	
ADDRESS (give street address, city, state, zip code and county): 1920 Manposas Mall Suite 300 Fresno CA 93721 - 2504 County: Fresno			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941606519		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community Action Agency/Community Action Program Community-Based Organization	
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION          B. BUDGET REVISION C. NO COST EXTENSION    D. OTHER (specify below):		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg); display: inline-block;">RECEIVED OCT 21 2010 STATE CLEARING HOUSE</div>	
		9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 04.011 10b. TITLE: Foster Grandparent Program		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno/Madera FGP	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno County, CA and contiguous city in Madera, CA		11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
13. PROPOSED PROJECT: START DATE: 01/01/11      END DATE: 12/31/11		14. CONGRESSIONAL DISTRICT OF: a.Applicant <input checked="" type="checkbox"/> CA 020      b.Program <input checked="" type="checkbox"/> CA 020	
15. ESTIMATED FUNDING: Year #: <input type="text" value="3"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-OCT-10 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
a. FEDERAL	\$ 354,723.00		
b. APPLICANT	\$ 102,664.00		
c. STATE	\$ 0.00		
d. LOCAL	\$ 53,248.00		
e. OTHER	\$ 49,416.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
f. PROGRAM INCOME	\$ 0.00		
g. TOTAL	\$ 457,367.00		
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.			
e. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Victoria A. Lopez		b. TITLE: Project Director	c. TELEPHONE NUMBER: (559) 263-1533
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 10/20/10	

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	09/10/2010	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier		
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION		T-34-R-1			
Legal Name: State of California		Organizational Unit: Department: Department of Fish and Game			
Organizational DUNS: 808322358		Division: Grants Management Branch (GMB)			
Address: Street: 1831 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: Sacramento		Prefix:		First Name: Brian	
County: Sacramento		Middle Name:		Last Name: Salazar	
State: California		Zip Code: 95810		Suffix:	
Country: USA		Email: bsalazar@dfg.ca.gov			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697597		Phone Number (give area code) (916) 323-6201		Fax Number (give area code) (916) 327-6320	
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) A. State Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-634		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service			
TITLE (Name of Program): State Wildlife Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fisher surveys in Yosemite National Park Region			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Toulomne, Mariposa, and Madera Counties		14. CONGRESSIONAL DISTRICTS OF: a. Applicant various b. Project various			
13. PROPOSED PROJECT Start Date: 10/01/2010 Ending Date: 09/30/2013		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: 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: a. Federal \$ 85,000 b. Applicant \$ c. State \$ 85,000 d. Local \$ e. Other \$ f. Program income \$ g. TOTAL \$ 170,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr.		First Name Blaine		Middle Name	
Last Name Nickens		Suffix			
b. Title Chief, Grants Management Branch		c. Telephone Number (give area code) (916) 445-9300			
d. Signature of Authorized Representative		e. Date Signed 9/10/2010			

RECEIVED  
OCT 21 2010  
STATE CLEARING HOUSE

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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier: Fund 069
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: FR-5415-N-17 <div style="border: 1px solid black; padding: 5px; display: inline-block;">             RECEIVED  OCT 21 2010  STATE CLEARING HOUSE           </div>
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: The Los Angeles Gay and Lesbian Community Services Center		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3567895		*c. Organizational DUNS: 07-723-5034
<b>d. Address:</b>		
*Street 1: <u>1625 N Schrader Boulevard</u>		
Street 2: _____		
*City: <u>Los Angeles</u>		
County: <u>Los Angeles</u>		
*State: <u>California</u>		
Province: _____		
*Country: <u>U.S.A.</u>		
*Zip / Postal Code: <u>90028-6213</u>		
<b>e. Organizational Unit:</b>		
Department Name: Children, Youth & Family Services		Division Name: Youth Services
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <u>Ms.</u>		*First Name: <u>Karen</u>
Middle Name: <u>Therese</u>		
*Last Name: <u>O'Brien</u>		
Suffix: _____		
Title: <u>Grants Manager</u>		
Organizational Affiliation: <u>L.A. Gay &amp; Lesbian Center</u>		
*Telephone Number: (323) 993-7634		Fax Number: (323) 308-4014
*Email: <u>kobrien@lagaycenter.org</u>		

Application for Federal Assistance SF-424	Version 02
<p><b>*9. Type of Applicant 1: Select Applicant Type:</b> M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu)</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p><b>*10 Name of Federal Agency:</b> US Department of Housing &amp; Urban Development</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b> 14.235</p> <p>CFDA Title: Supportive Housing Program</p>	
<p><b>*12 Funding Opportunity Number:</b> FR-5409-N-01</p> <p>*Title: Continuum of Care Homeless Assistance Program</p>	
<p><b>13. Competition Identification Number:</b> _____</p> <p>Title: _____</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Los Angeles County</p>	
<p><b>*15. Descriptive Title of Applicant's Project:</b></p> <p>The Kruks/Tilsner Transitional Living Program offers a 24-bed, 18-month project designed to assist at-risk youth ages 17 - 25 make the transition from life on the streets to self-supporting, independent living.</p>	

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 33

\*b. Program/Project: 33

**17. Proposed Project:**

\*a. Start Date: 02/01/11

\*b. End Date: 01/31/12

**18. Estimated Funding (\$):**

*a. Federal	_____	367,493
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	367,493

**\*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 08/02/10
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

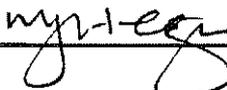
Prefix: Mr. \*First Name: Michael  
Middle Name: John  
\*Last Name: Holtzman  
Suffix: \_\_\_\_\_

\*Title: Chief Financial Officer

\*Telephone Number: (323) 993-7615

Fax Number: (323) 308-4425

\* Email: mholtzman@lagaycenter.org

\*Signature of Authorized Representative: 

\*Date Signed: 08/02/10

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:	4. Applicant Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>             OCT 21 2010             STATE CLEARING HOUSE         </div>
5a. Federal Entity Identifier:	*5b. Federal Award Identifier: CA0402B9D000802	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Immanuel Housing, Inc.		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4502941		*c. Organizational DUNS: 073963428
<b>d. Address:</b>		
*Street 1:	<u>1800 East 85<sup>th</sup> Street</u>	
Street 2:	_____	
*City:	<u>Los Angeles</u>	
County:	_____	
*State:	<u>California</u>	
Province:	_____	
*Country:	_____	
*Zip / Postal Code	<u>90001</u>	
<b>e. Organizational Unit:</b>		
Department Name: esnaps		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	<u>Mrs.</u>	*First Name: <u>Karen</u>
Middle Name:	<u>E.</u>	
*Last Name:	<u>Hirst</u>	
Suffix:	_____	
Title:		
Organizational Affiliation: Executive Director		
*Telephone Number: 323-256-6975		Fax Number: 323-259-8624
*Email: karen@immanuelhousing.org		

**Application for Federal Assistance SF-424**

Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.235

CFDA Title:

SHP

**\*12 Funding Opportunity Number:**

FR-5415-N-17

\*Title:

Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

CoC-01

Title:

2010 SuperNOFA Continuum of Care

**14. Areas Affected by Project (Cities, Counties, States, etc.):****\*15. Descriptive Title of Applicant's Project:**

This project consists of providing case management services to homeless families including women and children fleeing domestic violence. Case management services include household budgeting, access to parenting classes, individual and family counseling; referral services for job training, placement, the housing first program through Beyond Shelter and permanent housing.

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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**  
\*a. Applicant: CA-034 \*b. Program/Project:

**17. Proposed Project:**  
\*a. Start Date: 2011 \*b. End Date: 2012

**18. Estimated Funding (\$):**

*a. Federal	76,192.00
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	9,000.00
*f. Program Income	20,000.00
*g. TOTAL	105,192.00

**\*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: Mrs. \_\_\_\_\_ \*First Name: Karen \_\_\_\_\_

Middle Name: E. \_\_\_\_\_

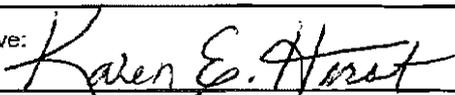
\*Last Name: Hirst \_\_\_\_\_

Suffix: \_\_\_\_\_

\*Title: Executive Director

*Telephone Number: 323-256-6975	Fax Number: 323-259-8624
---------------------------------	--------------------------

\* Email: karen@immanuelhousing.org

*Signature of Authorized Representative: 	*Date Signed: 10/21/2010
--	--------------------------

OMB Number: 4040-0064  
Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Proapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application </td> <td style="vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision </td> <td style="vertical-align: top;"> <p>* If Revision, select appropriate letter(s):</p> <input type="text"/>  <p>* Other (Specify):</p> <input type="text"/> </td> </tr> </table>			<p>* 1. Type of Submission:</p> <input type="checkbox"/> Proapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Proapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>			
<p>* 3. Date Received:</p> <input type="text"/> Completed by Grants.gov upon submission.		<p>4. Applicant Identifier:</p> <input type="text"/>			
<p>5a. Federal Entity Identifier:</p> <input type="text"/>		<p>* 5b. Federal Award Identifier:</p> <input type="text"/>			
<p>State Use Only:</p>					
<p>6. Date Received by State:</p> <input type="text"/>		<p>7. State Application Identifier:</p> <input type="text"/>			
<p><b>B. APPLICANT INFORMATION:</b></p>					
<p>* a. Legal Name: <input type="text"/> Regents, University of California, Davis</p>					
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text"/> 04-6036494		<p>* c. Organizational DUNS:</p> <input type="text"/> 047120084			
<p><b>d. Address:</b></p>					
<p>* Street1: <input type="text"/> 1650 Research Park Drive, Suite 300</p>					
<p>Street2: <input type="text"/></p>					
<p>* City: <input type="text"/> Davis</p>					
<p>County: <input type="text"/> Yolo</p>					
<p>* State: <input type="text"/> AS: American Samoa</p>					
<p>Province: <input type="text"/></p>					
<p>* Country: <input type="text"/> USA: UNITED STATES</p>					
<p>* Zip / Postal Code: <input type="text"/> 95618-6153</p>					
<p><b>e. Organizational Unit:</b></p>					
<p>Department Name:</p> <input type="text"/> Wildlife Health Center		<p>Division Name:</p> <input type="text"/> School of Veterinary Medicine			
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>					
<p>Prefix: <input type="text"/> Dr.</p>		<p>* First Name: <input type="text"/> Kirsten</p>			
<p>Middle Name: <input type="text"/></p>					
<p>* Last Name: <input type="text"/> Gilardi</p>					
<p>Suffix: <input type="text"/></p>					
<p>Title: <input type="text"/> Director, SeaDoc Society</p>					
<p>Organizational Affiliation:</p> <input type="text"/> Wildlife Health Center, School of Veterinary Medicine					
<p>* Telephone Number: <input type="text"/> 916-752-4896</p>		<p>Fax Number: <input type="text"/> 530-752-3318</p>			
<p>* Email: <input type="text"/> kvgilardi@ucdavis.edu</p>					

**RECEIVED**  
OCT 25 2010  
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

1: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

\* 12. Funding Opportunity Number:

NOAA-NMFS-HCPO-2011-2002657

\* Title:

Fiscal Year 2011 Community-based Marine Debris Removal Project Grants

13. Competition Identification Number:

2195857

Title:

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

Cities of Eureka, Trinidad & Crescent City, California - Humboldt and Del Norte County counties

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

Community-based, fishermen-led derelict crab fishing gear recovery in California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="CA-001"/>	* b. Program/Project <input type="text" value="CA-001"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="06/01/2011"/>	* b. End Date: <input type="text" value="05/31/2013"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="149,623.00"/>	
* b. Applicant	<input type="text" value="153,515.00"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="303,138.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="10/22/2010"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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 28, Section 1001)</b>		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value="Dr."/>	* First Name: <input type="text" value="Alimud"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Hakim-Elahi"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Executive Director of Sponsored Programs"/>	
* Telephone Number:	<input type="text" value="530-754-7607"/>	Fax Number: <input type="text" value="530-754-8229"/>
* Email:	<input type="text" value="ahakimolahi@ucdavis.edu"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

4

OMB No.4040-0004 Exp.01/31/2012

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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* Other (Specify)
* 3. Date Received: Completed upon submission	4. Applicant Identifier:	RECEIVED OCT 25 2010
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: n/a	STATE CLEARING HOUSE
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: The Foundation for CSU, San Bernardino		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956067343	* c. Organizational DUNS: 030579213	
<b>d. Address:</b>		
* Street1:	5500 University Parkway	
Street2:		
* City:	San Bernardino	
County:	San Bernardino	
State:	CA	
Province:		
* Country:	USA	
* Zip / Postal Code:	92407	
<b>e. Organizational Unit:</b>		
Department Name: Education	Division Name: College of Education	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Middle Name:	Dr.	* First Name: Ellen
* Last Name:	Shimakawa	
Suffix:	Ph.D	

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 29

\*b. Program/Project: CA 29-41

**17. Proposed Project:**

\*a. Start Date: 5/1/2011

\*b. End Date: 4/30/2012

**18. Estimated Funding (\$):**

*a. Federal	574,640.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	574,640.00

**\*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 7/29/2010
- 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: Ms. \_\_\_\_\_ \*First Name: Toni \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
\*Last Name: Reinis \_\_\_\_\_  
Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 310-914-4045, extension 111

Fax Number: 310-914-5495

\* Email: treinis@ndvets.org

\*Signature of Authorized Representative:

\*Date Signed:

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: RECEIVED OCT 25 2010
5a. Federal Entity Identifier: 94-2219349		* 5b. Federal Award Identifier: STATE CLEARING HOUSE
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name:		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2219349		* c. Organizational DUNS: 0729402320000
<b>d. Address:</b>		
* Street1:		18646 Oxnard Street
Street2:		
* City:		Tarzana
County:		
* State:		California
Province:		
* Country:		USA: UNITED STATES
* Zip / Postal Code:		91356
<b>e. Organizational Unit:</b>		
Department Name:		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	Mr.	* First Name: Albert
Middle Name:		
* Last Name:	Senella	
Suffix:		
Title:	President and Chief Operating Officer	
Organizational Affiliation:		
* Telephone Number: (818) 854-3815		Fax Number: (818) 936-0133
* Email: asenella@tarzanalc.org		

**Application for Federal Assistance SF-424**

Version 02

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

**CFDA Title:**

**\* 12. Funding Opportunity Number:**

FR-5415-N-17

**\* Title:**

Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

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

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

Transitional Housing Program

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

\* 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="\$188,491"/>
* b. Applicant	<input type="text" value="\$46,000"/>
* c. State	<input type="text" value="\$0"/>
* d. Local	<input type="text" value="\$0"/>
* e. Other	<input type="text" value="\$0"/>
* f. Program Income	<input type="text" value="\$0"/>
* g. TOTAL	<input type="text" value="\$234,491"/>

\* 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 28, 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.

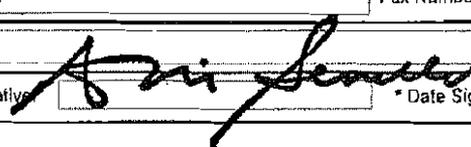
Authorized Representative:

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

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 * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: CA 0486 B9D 00803
State Use Only: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">             RECEIVED              OCT 25 2010              STATE CLEARING HOUSE           </div>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Mary Lind Recovery Centers		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6061190		*c. Organizational DUNS: 085924827
d. Address:		
*Street 1:	2500 Wilshire Blvd, Suite 826	
Street 2:	_____	
*City:	Los Angeles	
County:	Los Angeles	
*State:	CA	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	90057	
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr.	*First Name: Ed
Middle Name:	_____	
*Last Name:	Woodhull	
Suffix:	_____	
Title:	Executive Director	
Organizational Affiliation:		
*Telephone Number: 213-382-4241		Fax Number: 213-382-0136
*Email: ewoodhull@marylind.org		

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

US Department of Housing and Urban Development (HUD)

**11. Catalog of Federal Domestic Assistance Number:**14.235

CFDA Title:

Supportive Housing Program**\*12 Funding Opportunity Number:**FR-5415-N-17

\*Title:

Continuum of Care Homeless Assistance Program**13. Competition Identification Number:**CoC-01

Title:

2010 SuperNOFA Continuum of Care**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Los Angeles COunty. CA

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

Transitional Housing with Supportive Services

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

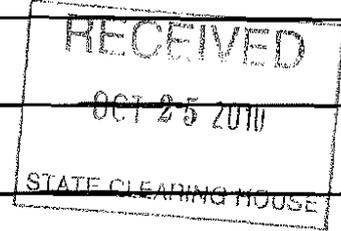
<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-031	*b. Program/Project: CA-031	
<b>17. Proposed Project:</b>		
*a. Start Date: 2011	*b. End Date: 2012	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	442,317	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income	128,420	
*g. TOTAL	570,737	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: MR.	*First Name: Ed	
Middle Name:		
*Last Name: Woodhull		
Suffix:		
*Title: Executive Director		
*Telephone Number: 213-382-4241	Fax Number: 213-382-0136	
* Email: ewoodhull@marylind.org		
*Signature of Authorized Representative: Ed Woodhull		*Date Signed: 10/22/2010

**Application for Federal Assistance SF-424** Version 02

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

3. Date Received: \_\_\_\_\_ 4. Applicant Identifier: \_\_\_\_\_

5a. Federal Entity Identifier: \_\_\_\_\_ 5b. Federal Award Identifier: CA0453B0D000801



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\*a. Legal Name: New Directions, Inc

*b. Employer/Taxpayer Identification Number (EIN/TIN): 85-4242745	*c. Organizational DUNS: 949022131
--	---------------------------------------

**d. Address:**

\*Street 1: 11303 Wilshire Blvd

Street 2: VA Bldg. 116

\*City: Los Angeles

County: \_\_\_\_\_

\*State: CA

Province: \_\_\_\_\_

\*Country: United States

\*Zip / Postal Code: 90073

**e. Organizational Unit:**

Department Name: Development	Division Name:
---------------------------------	----------------

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

Prefix: Ms.    \*First Name: Mary

Middle Name: \_\_\_\_\_

\*Last Name: Fenstermacher

Suffix: \_\_\_\_\_

Title: Senior Development Associate

Organizational Affiliation:  
Employee

\*Telephone Number: 310-914-4045, extension 110    Fax Number: 310-914-5495

\*Email: mfenstermacher@ndvets.org

**Application for Federal Assistance SF-424**

Version 02

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

N.Nonprofit w/o 501C3 IRS Status(Oth Than High Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

CDFA 14.235

CFDA Title:

Supportive Housing Program

**\*12 Funding Opportunity Number:**

FR-5415-N-17

\*Title:

Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

Title:

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

Los Angeles County, CA

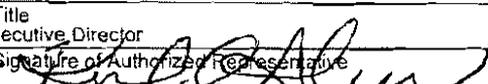
**\*15. Descriptive Title of Applicant's Project:**

"Regional Home for Homeless Veterans" provides transitional housing and supportive services including mental health counseling, case management, as well as legal and vocational services to homeless veterans suffering from substance abuse disorders.

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 10/22/2010	Applicant Identifier EX2 025861
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 11/16/2010	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Flood Bakersfield Ministries, Inc.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>                      OCT 26 2010                      STATE CLEARING HOUSE                 </div>	
Organizational DUNS: 960199672			
Address: Street: 1201 24th St., B110-229		<b>Organizational Unit:</b> Department:	
City: Bakersfield		Division:	
County: Kern		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
State: CA		Prefix: Mrs.	
Zip Code: 93301		First Name: Kimberlee	
Country: USA		Middle Name:	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 26-2780103		Last Name: Albers	
<b>8. TYPE OF APPLICATION:</b> <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.)		Suffix:	
Other (specify)		Email: kim@floodbako.com	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Supportive Housing Program (SHP)		Phone Number (give area code): 661-323-5663	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County of Kern and Bakersfield, CA		Fax Number (give area code): 661-323-5603	
<b>13. PROPOSED PROJECT</b> Start Date: 10/1/2011		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input checked="" type="radio"/> Not for Profit Other (specify)	
Ending Date: 10/1/2014		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development	
<b>15. ESTIMATED FUNDING:</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Project HOME will provide supportive services to formerly unsheltered homeless disabled individuals who receive Casa Nueva Shelter Plus Care vouchers from the Housing Authority of the County of Kern. Services will include outreach, placement, case management and supportive services.	
a. Federal \$ 138,163		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 20 & 22 b. Project 20 & 22	
b. Applicant \$ 34,541		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/22/2010 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State \$		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
d. Local \$			
e. Other \$			
f. Program Income \$			
g. TOTAL \$ 172,704			
<b>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.</b>			
<b>a. Authorized Representative</b>			
Prefix: Mrs.		First Name: Kimberlee	
Last Name: Albers		Middle Name: Iona	
Title: Executive Director		Suffix:	
Signature of Authorized Representative:		c. Telephone Number (give area code): 661-323-5663	
		e. Date Signed: 10/22/2010	

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 * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier: CA002	*5b. Federal Award Identifier: *See attached list.	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Housing Authority of the County of Los Angeles		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6001630		*c. Organizational DUNS: 147975747
d. Address:		
*Street 1:	12131 Telegraph Road	
Street 2:	_____	
*City:	Santa Fe Springs	
County:	Los Angeles	
*State:	CA	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	90670	
e. Organizational Unit:		
Department Name:	Division Name: Assisted Housing	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: Georganne	
Middle Name: M.	_____	
*Last Name: Colvin	_____	
Suffix: _____	_____	
Title:	Administrative Analyst	
Organizational Affiliation: N/A		
*Telephone Number: 562-347-4821	Fax Number: 562-941-5780	
*Email: georganne.colvin@lacdc.org		

RECEIVED

OCT 25 2010

STATE CLEARING HOUSE

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> L. Public/Indian Housing Authority Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> U. S. Department of Housing and Urban Development	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 14.238  CFDA Title: Shelter Plus Care (S+C)	
<b>*12 Funding Opportunity Number:</b> FR-5415-N-17  *Title: Continuum of Care Homeless Assistance Programs	
<b>13. Competition Identification Number:</b> CoC-01  Title: 2010 SuperNOFA Continuum of Care	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> The unincorporated County of Los Angeles and 62 participating cities	
<b>*15. Descriptive Title of Applicant's Project:</b> 2010 Tenant and Sponsor Based Shelter Plus Care Renewal Projects	

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant: CA-25

\*b. Program/Project: 25-39

17. Proposed Project:

\*a. Start Date: 2011

\*b. End Date: 2012

18. Estimated Funding (\$):

*a. Federal	_____	9,036,396
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	9,039,396

\*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 08/16/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

\*\* I AGREE

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

Authorized Representative:

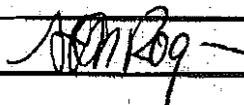
Prefix: Mr. \_\_\_\_\_ \*First Name: Sean \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
\*Last Name: Rogan \_\_\_\_\_  
Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 323-890-7400

Fax Number: 323-890-8584

\* Email: executive.director@lacdc.org

\*Signature of Authorized Representative: 

\*Date Signed: 8/25/10

**APPLICATION FOR FEDERAL ASSISTANCE**

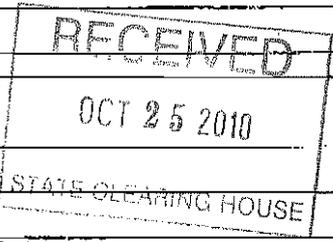
OMB Approved No. 3076-0006

Version 7/03

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

**5. APPLICANT INFORMATION**

Legal Name:	County of Kern	Organizational Unit:	Department: Department of Mental Health Services
Organizational DUNS: 063811350	Address:	Division:	Information Technology Services
Street: 3300 Truxtun Avenue	City: Bakersfield	Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Kern	State: California	Prefix: Mr.	First Name: Dan
Zip Code: 93301	Country: USA	Middle Name:	Last Name: Waters
		Suffix:	Email: dwalters@co.kern.ca.us



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 6 0 0 0 9 2 5	Phone Number (give area code): (661) 868-6710	Fax Number (give area code): (661) 868-6666
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)	

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 4 - 2 3 5	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Kern County Homeless Management Information System (HMIS)
TITLE (Name of Program): Supportive Housing Program (SHP)	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County of Kern and City of Bakersfield, CA	

<b>13. PROPOSED PROJECT</b> Start Date: 04-01-11 Ending Date: 03-31-12	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: CA 020 & CA 022 b. Project: CA 020 & CA 022
<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 78,143.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10-22-2010
b. Applicant \$ 19,536.00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.00	
e. Other \$ 0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
f. Program Income \$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 97,679.00	

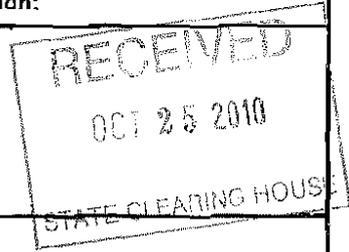
**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

**a. Authorized Representative**

Prefix: Mr.	First Name: James	Middle Name: A.
Last Name: Waterman	Suffix:	
b. Title: Director	c. Telephone Number (give area code): (661) 868-6609	
d. Signature of Authorized Representative:	e. Date Signed: 10-22-2010	

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision: _____		
<input type="checkbox"/> Other (Specify) _____		
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: CA0436B9D000802
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: City of Pomona		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000764		*c. Organizational DUNS: 07-412-7481
d. Address:		
*Street 1: <u>505 S. Garey Avenue</u>		
Street 2: _____		
*City: <u>Pomona</u>		
County: <u>Los Angeles</u>		
*State: <u>CA</u>		
Province: _____		
*Country: <u>USA</u>		
*Zip / Postal Code: <u>91786</u>		
e. Organizational Unit:		
Department Name: Community Development Department		Division Name: Housing
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Ms.</u>	*First Name: <u>Jan</u>	
Middle Name: _____		
*Last Name: <u>Cicco</u>		
Suffix: _____		
Title: <u>Homeless Services Coordinator</u>		
Organizational Affiliation: Employee		
*Telephone Number: 909-620-2571	Fax Number: 909-620-4567	
*Email: <u>jan_cicco@ci.pomona.ca.us</u>		

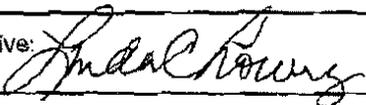


OMB Number: 4040-0004

Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> C. City or Township Government  Type of Applicant 2: Select Applicant Type: M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> Department of Housing and Urban Development	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <u>14.235</u>  CFDA Title: <u>Supportive Housing Program</u>	
<b>*12 Funding Opportunity Number:</b> <u>FR-5415 N-17</u>  *Title: <u>2010 Opportunity to Register</u>	
<b>13. Competition Identification Number:</b>  _____  Title:  _____	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>  City	
<b>*15. Descriptive Title of Applicant's Project:</b>  Pomona Transitional Living Center provides housing and supportive services to 10 homeless men annually	

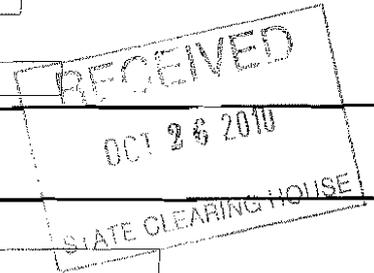
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 38	*b. Program/Project: CA-038	
<b>17. Proposed Project:</b>		
*a. Start Date: 4-1-11	*b. End Date: 3-31-12	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	162154
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	41505
*f. Program Income	_____	
*g. TOTAL	_____	203659
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: Ms	*First Name: Linda	
Middle Name: _____		
*Last Name: Lowry		
Suffix: _____		
*Title: City Manager		
*Telephone Number: 909-620-3773	Fax Number: 909-620-3707	
* Email: linda_lowry@ci.pomona.ca.us		
*Signature of Authorized Representative: 		*Date Signed: July 29, 2010

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

<b>Application for Federal Assistance SF-424</b>		Version 02
* 1 Type of Submission <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		* 2. Type of Application:      * If Revision, select appropriate letter(s): <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation      * Other (Specify) <input type="checkbox"/> Revision
* 3. Date Received. Completed by Grants.gov upon submission		4. Applicant Identifier:
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier: CA0410B9D000802
<b>State Use Only:</b>		
6 Date Received by State	7 State Application Identifier:	
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: Catholic Charities of Los Angeles, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1690973	* c. Organizational OUNS: 039550020	
<b>d. Address:</b>		
* Street1: 1531 James M. Wood Blvd. Street2: * City: Los Angeles County: * State: California Province: * Country: USA: UNITED STATES * Zip / Postal Code: 90015		
<b>e. Organizational Unit:</b>		
Department Name:		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mr.	* First Name: David	
Middle Name:		
* Last Name: Furukawa		
Suffix:		
Title: Asst. Controller		
Organizational Affiliation:		
* Telephone Number: (213) 251-3466		Fax Number: (213) 380-4603
* Email: dfurukawa@ccharities.org		



<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b> M. Non-profit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type: 	
Type of Applicant 3: Select Applicant Type: 	
* Other (specify): 	
<b>* 10. Name of Federal Agency:</b> NGMS Agency US Department of Housing and Urban Development (HUD)	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 14.235 CFDA Title: Supportive Housing Program	
<b>* 12. Funding Opportunity Number:</b> MBL-SF424FAMILY-ALLFORMS FR-5415-N-17 * Title: MBL-SF424Family-AllForms Continuum of Care Homeless Assistance Program	
<b>13. Competition Identification Number:</b> CoC-01 / 2010 SuperNOFA Continuum of Care Title: Continuum of Care Homeless Assistance Program	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> LA County	
<b>* 15. Descriptive Title of Applicant's Project:</b> Lancaster Community Shelter - transitional housing for the homeless men, women and families	
Attach supporting documents as specified in agency instructions. <a href="#">Add Attachments</a> <a href="#">Delete Attachments</a> <a href="#">View Attachments</a>	

**Application for Federal Assistance SF-424** Version 02

**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="\$142,900"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$142,900"/>

**\* 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.

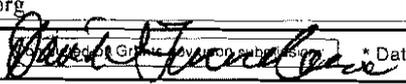
**Authorized Representative:**

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

\* 1. Type of Submission:  
 Preapplication  
 Application  
 Changed/Corrected Application

\* 2. Type of Application:  
 New  
 Continuation  
 Revision

\* If Revision, select appropriate letter(a):  
\_\_\_\_\_  
\* Other (Specify)  
\_\_\_\_\_

**RECEIVED**  
OCT 26 2010  
STATE CLEARING HOUSE

\* 3. Date Received:  
\_\_\_\_\_

4. Applicant Identifier:  
\_\_\_\_\_

5a. Federal Entity Identifier:  
\_\_\_\_\_

\* 5b. Federal Award Identifier:  
\_\_\_\_\_

**State Use Only:**

6. Date Received by State: \_\_\_\_\_

7. State Application Identifier: \_\_\_\_\_

**B. APPLICANT INFORMATION:**

\* a. Legal Name: Beyond Shelter

\* b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-4197075

\* c. Organizational DUNS:  
603524117

**d. Address:**

\* Street1: 1200 Wilshire Blvd.

Street2: Suite 600

\* City: Los Angeles

County: Los Angeles

\* State: CA

Province: \_\_\_\_\_

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 90017

**e. Organizational Unit:**

Department Name:  
Programs Department

Division Name:  
\_\_\_\_\_

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

Prefix: Ms. \* First Name: Christine

Middle Name: Mirasy

\* Last Name: Glasco

Suffix: \_\_\_\_\_

Title: Executive Director/COO

Organizational Affiliation:  
Beyond Shelter

\* Telephone Number: 213-252-0772

Fax Number: 213-480-0946

\* Email: cglasco@beyondshelter.org

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

**Application for Federal Assistance SF-424**

Version 02

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

Nonprofit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U.S. Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.235

CFDA Title:

Supportive Housing Program

**\* 12. Funding Opportunity Number:**

FR-5415-N-17

\* Title:

Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

Title:

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

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

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

South Central Family Transition Program

Attach supporting documents as specified in agency instructions.

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

**Application for Federal Assistance SF-424** Version 02

**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	141,911
* b. Applicant	
* c. State	
* d. Local	33,798
* e. Other	
* f. Program Income	
* g. TOTAL	175,699

\* 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.

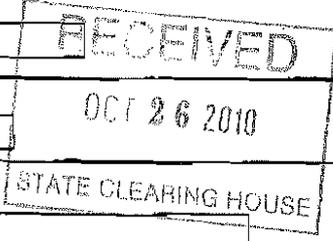
\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  
 Yes  No

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 28, 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		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: CA7130	
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: United States Veterans Initiative		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4382752	* c. Organizational DUNS: 86-7054967	
d. Address:		
* Street 1: 733 South Hindry Avenue	Street 2: _____	
* City: Inglewood	County: Los Angeles	
* State: California	Province: _____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: 90301		
e. Organizational Unit:		
Department Name: United States Veterans Initiative-Inglewood	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Nicole	
Middle Name: A		
* Last Name: Ward		
Suffix: _____		
Title: Regional Operations Coordinator		
Organizational Affiliation: _____		
* Telephone Number: 310-348-7600	Fax Number: 310-645-2605	
* Email: nward@usvetsinc.org		



**Application for Federal Assistance SF-424**

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

M. Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

Supportive Housing Program

CFDA Title:

**\* 12. Funding Opportunity Number:**

FR-5415-N-17

\* Title:

**13. Competition Identification Number:**

Title:

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

Inglewood, Los Angeles County, California

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

Veterans in Progress Program

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant      35	* b. Program/Project      35
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
<b>17. Proposed Project:</b>	
* a. Start Date:      8/1/2011	* b. End Date:      7/31/2012
<b>18. Estimated Funding (\$):</b>	
* a. Federal            \$289,796	
* b. Applicant        \$68,999	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL            \$344,995	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	10/26/10
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 28, Section 1001)	
<input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix:      Ms.	* First Name:      Nicole
Middle Name:      A	
* Last Name:      Ward	
Suffix: <input type="text"/>	
* Title:      Regional Operations Coordinator	
* Telephone Number:      310-348-7600	Fax Number:      310-645-2605
* Email:      nward@usvetsinc.org	
* Signature of Authorized Representative: 	* Date Signed:      10/26/10

**Application for Federal Assistance SF-424**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Not Applicable

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

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:

\_\_\_\_\_

4. Applicant Identifier:

\_\_\_\_\_

RECEIVED

5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

\_\_\_\_\_

OCT 26 2010

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_

8. APPLICANT INFORMATION:

\* a. Legal Name:

JWCH Institute, Inc.

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

95-2289916

\* c. Organizational DUNS:

093059533

d. Address:

\* Street1:

1910 W. Sunset Blvd., #650

Street2:

\_\_\_\_\_

\* City:

Los Angeles

County:

Los Angeles

\* State:

California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

90026

e. Organizational Unit:

Department Name:

\_\_\_\_\_

Division Name:

\_\_\_\_\_

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

Prefx:

Ms.

\* First Name:

Jeanne

Middle Name:

Gee

\* Last Name:

Lam

Suffix:

\_\_\_\_\_

Title:

Chief Financial Officer

Organizational Affiliation:

\_\_\_\_\_

\* Telephone Number:

213-484-1186

Fax Number:

213-484-6165

\* Email:

jjam@jwchinstitute.org

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

**Application for Federal Assistance SF-424** Version 02

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

**11. Catalog of Federal Domestic Assistance Number:**

**CFDA Title:**

**\* 12. Funding Opportunity Number:**

**\* Title:**  
 Continuum of Care Homeless Assistance Competition (CoC)

**13. Competition Identification Number:**

**Title:**

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

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

Attach supporting documents as specified in agency instructions.

OMB Number: 4046-0004  
Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant CA - 034

\* b. Program/Project CA-031, 034, 035

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

**17. Proposed Project:**

\* a. Start Date: 07/01/2011

\* b. End Date: 06/30/2012

**18. Estimated Funding (\$):**

\* a. Federal 308,999

\* b. Applicant 263,211

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 572,210

**\* 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 10/26/2010.
- 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 28, 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: Ms. \* First Name: Jeanne

Middle Name: Gee

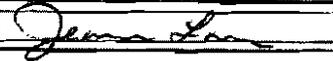
\* Last Name: Lam

Suffix:

\* Title: Chief Financial Officer

\* Telephone Number: 213-484-1186 Fax Number: 213-484-8165

\* Email: jlam@wchiristitute.org

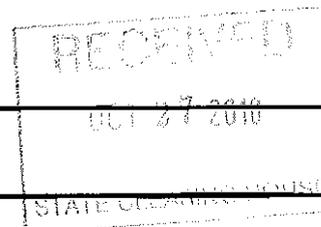
\* Signature of Authorized Representative:  \* Date Signed: 10/26/2010

## PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION:
Revised Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)		Application <input checked="" type="checkbox"/> Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
10/15/10		OCT 26 2010
2b. APPLICATION ID:	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER:
11SF121513	10/15/10	STATE CLEARING HOUSE
5. APPLICATION INFORMATION		
LEGAL NAME: County of Sacramento Department of Human Assistance DUNS NUMBER: 143696339 ADDRESS (give street address, city, state, zip code and county): 2433 Marconi Avenue Sacramento CA 95821 - 4807 County: Sacramento	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Dennis Brodsky TELEPHONE NUMBER: (916) 875-4462 FAX NUMBER: (916) 875-3799 INTERNET E-MAIL ADDRESS: brodskyd@saccounty.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	7. TYPE OF APPLICANT:	
946000529	7a. Local Government - County	
	7b. Local Government, Municipal	
8. TYPE OF APPLICATION (Check appropriate box):	9. NAME OF FEDERAL AGENCY:	
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION      B. BUDGET REVISION C. NO COST EXTENSION      D. OTHER (specify below):	Corporation for National and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
10b. TITLE: Foster Grandparent Program	Sacramento County Foster Grandparent Program	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):	11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
Sacramento City and County, Placer County and Yolo County		
13. PROPOSED PROJECT: START DATE: 01/01/11      END DATE: 12/31/13	14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="checkbox"/> CA 005      b.Program <input type="checkbox"/> CA 003	
15. ESTIMATED FUNDING: Year #: 1	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL      \$ 442,818.00	<input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. APPLICANT      \$ 184,979.00	DATE: 20-OCT-10	
c. STATE      \$ 0.00	<input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
d. LOCAL      \$ 117,548.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. OTHER      \$ 67,433.00	<input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
f. PROGRAM INCOME      \$ 0.00		
g. TOTAL      \$ 627,795.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN ONLY 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:
Karla Crawford	Program Manager, DHA Sr. Volunteer Prog.	(916) 875-4463
SIGNATURE OF AUTHORIZED REPRESENTATIVE:		d. DATE SIGNED:
		10/05/10

916) 323-3018 FAX

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 type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier: CA0396B9D000802	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>B. APPLICANT INFORMATION:</b>		
*a. Legal Name: Los Angeles Youth Network		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3953979		*c. Organizational DUNS: 175842889
<b>d. Address:</b>		
*Street 1:	1754 Taft Avenue	
Street 2:	_____	
*City:	Los Angeles	
County:	_____	
*State:	CA	
Province:	_____	
*Country:	United States Of America	
*Zip / Postal Code	90028	
<b>e. Organizational Unit:</b>		
Department Name:		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	Ms	*First Name: Mayra
Middle Name:	_____	
*Last Name:	Camarillo	
Suffix:	_____	
Title:	Director of Administration	
Organizational Affiliation:		
*Telephone Number: 323-467-8466		Fax Number: 323-464-4357
*Email: mcamarillo@layn.org		



<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>*9. Type of Applicant 1: Select Applicant Type:</b> M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> US Department of Housing and Urban Development	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <u>14.235</u> CFDA Title: <u>Supportive Housing Program</u>	
<b>*12 Funding Opportunity Number:</b>  <u>FR-5415-N-17</u>  *Title: <u>Continuum of Care Homeless Assistance Competiton</u>	
<b>13. Competition Identification Number:</b> <u>Coc-01</u> Title: <u>2010 SuperNOFA Continuum of Care</u>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Los Angeles County, California	
<b>*15. Descriptive Title of Applicant's Project:</b> The Los Angeles Youth Network Hollywood Youth Shelter provides emergency shelter to homeless, unaccompanied and runaway youth ages 12-17 yrs of age for a maximum of 90 days.	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 18. Congressional Districts Of:

\*a. Applicant: 33

\*b. Program/Project: 33

## 17. Proposed Project:

\*a. Start Date: 2011

\*b. End Date: 2012

## 18. Estimated Funding (\$):

*a. Federal	_____
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____ 12,536
*f. Program Income	_____ 0
*g. TOTAL	_____ 12,536

## \*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 10/27/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes  No

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

\*\* I AGREE

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

## Authorized Representative:

Prefix: Mr \_\_\_\_\_ \*First Name: Matt \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: Kamin \_\_\_\_\_

Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 323-467-8466

Fax Number: 323-464-4357

\* Email: mkamin@layn.org

\*Signature of Authorized Representative:



\*Date Signed: 10/27/2010

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

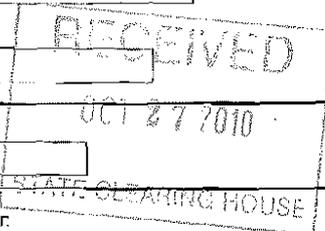
- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]



\* 3. Date Received:

Completed by Grants.gov upon submission.

4 Applicant Identifier

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

[Empty field]

State Use Only:

6. Date Received by State:

[Empty field]

7 State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

\* a. Legal Name:

University Enterprises, Inc., on behalf of CSU Sacramento

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

94-1337638

\* c. Organizational DUNS:

029031796

d. Address:

\* Street1:

6000 J Street, Bookstore Bldg, Ste 3400

Street2:

[Empty field]

\* City:

Sacramento

County:

[Empty field]

\* State

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95819-6111

e. Organizational Unit:

Department Name:

Research Administration

Division Name:

[Empty field]

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

Prefix:

Mr.

\* First Name:

David

Middle Name:

[Empty field]

\* Last Name:

Barwicker

Suffix:

[Empty field]

Title:

Asst Vice Pres, Research Admin/Contract Admin

Organizational Affiliation:

California State University, Sacramento

\* Telephone Number:

916-278-3668

Fax Number:

916-278-6163

\* Email:

david.barwicker@csus.edu

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.652

CFDA Title:

Forestry Research

\* 12. Funding Opportunity Number:

USDA-FS-PSW-TAHOE-2010

\* Title:

Tahoe Research Supported by SNPLMA Round 11

13. Competition Identification Number:

USDA-FS-PSW-TAHOE-2010

Title:

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

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

Engineered Soils to Reduce Groundwater Contamination at Infiltration Facilities

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-005

\* b. Program/Project CA-004

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 06/01/2011

\* b. End Date: 05/31/2012

18. Estimated Funding (\$):

* a. Federal	110,063.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	110,063.00

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 10/27/2010.
- 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 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: David  
Middle Name:  
\* Last Name: Earwicker  
Suffix:

\* Title: Asst Vice Pres, Research Admin/Contract Admin

\* Telephone Number: 916-278-3668 Fax Number: 916-278-6163

\* Email: david.earwicker@csus.edu

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

## PART I - FACE SHEET

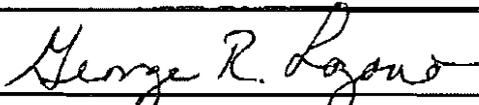
<b>APPLICATION FOR FEDERAL ASSISTANCE</b> <small>Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)</small>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/20/10	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 11SF121950	4. DATE RECEIVED BY FEDERAL AGENCY: 10/20/10	FEDERAL IDENTIFIER: 09SFPCA002														
<b>5. APPLICATION INFORMATION</b>																
LEGAL NAME: Fresno County Economic Opportunities Commission DUNS NUMBER: 078768023  ADDRESS (give street address, city, state, zip code and county): 1920 Meriposa Mall Suite 300 Fresno CA 93721 - 2504 County: Fresno	<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">OCT 27 2010</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">STATE CLEARING HOUSE</div>	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Victoria A. Lopes TELEPHONE NUMBER: (559) 263-1533 FAX NUMBER: (559) 263-1540 INTERNET E-MAIL ADDRESS: vicki.lopes@fresnoeoc.org														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941606519	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community Action Agency/Community Action Program Community-Based Organization															
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT (If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION        B. BUDGET REVISION C. NO COST EXTENSION    D. OTHER (specify below):	9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno/Madera FGP  11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno County, CA and contiguous city in Madera, CA	13. PROPOSED PROJECT; START DATE: 01/01/11      ENO DATE: 12/31/11															
14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="CA 020"/> b.Program <input type="text" value="CA 020"/>	15. ESTIMATED FUNDING: Year #: <input type="text" value="3"/>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">a. FEDERAL</td> <td style="text-align: right;">\$ 354,723.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 102,664.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 53,248.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 49,416.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td><b>g. TOTAL</b></td> <td style="text-align: right;"><b>\$ 457,387.00</b></td> </tr> </table>	a. FEDERAL	\$ 354,723.00	b. APPLICANT	\$ 102,664.00	c. STATE	\$ 53,248.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 49,416.00	f. PROGRAM INCOME	\$ 0.00	<b>g. TOTAL</b>	<b>\$ 457,387.00</b>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-OCT-10  <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
a. FEDERAL	\$ 354,723.00															
b. APPLICANT	\$ 102,664.00															
c. STATE	\$ 53,248.00															
d. LOCAL	\$ 0.00															
e. OTHER	\$ 49,416.00															
f. PROGRAM INCOME	\$ 0.00															
<b>g. TOTAL</b>	<b>\$ 457,387.00</b>															
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. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Brian Angus	b. TITLE: Executive Director	c. TELEPHONE NUMBER: (559) 263-1010														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 10/26/10														

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b> <small>Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)</small>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/20/10	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER: <div style="border: 1px solid black; padding: 2px; text-align: center;">RECEIVED OCT 27 2010 STATE CLEANING HOUSE</div>
2b. APPLICATION ID: 11SF121950	4. DATE RECEIVED BY FEDERAL AGENCY: 10/20/10	FEDERAL IDENTIFIER: 09SFPCA002
<b>5. APPLICATION INFORMATION</b>		
LEGAL NAME: Fresno County Economic Opportunities Commission DUNS NUMBER: 078788023 ADDRESS (give street address, city, state, zip code and county): 1820 Mariposa Mall Suite 300 Fresno CA 93721 - 2504 County: Fresno	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Victoria A. Lopes TELEPHONE NUMBER: (559) 263-1533 FAX NUMBER: (559) 263-1540 INTERNET E-MAIL ADDRESS: vicki.lopes@fresnoecc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941608519	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community Action Agency/Community Action Program Community-Based Organization	
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION      B. BUDGET REVISION C. NO COST EXTENSION    D. OTHER (specify below):	9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno/Madera FGP 11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno County, CA and contiguous city in Madera, CA	13. PROPOSED PROJECT: START DATE: 01/01/11      END DATE: 12/31/11	
14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="CA 020"/> b.Program <input type="text" value="CA 020"/>	15. ESTIMATED FUNDING: Year #: <input type="text" value="3"/>	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-OCT-10 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	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. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Brian Angus	b. TITLE: Executive Director	c. TELEPHONE NUMBER: (559) 263-1010
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 10/26/10

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;"> <b>*1. Type of Submission:</b>  <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application             </td> <td style="width:30%; border: none;"> <b>*2. Type of Application</b>  <input type="checkbox"/> New  <input checked="" type="checkbox"/> Continuation  <input type="checkbox"/> Revision             </td> <td style="width:40%; border: none;"> <b>* If Revision, select appropriate letter(s)</b>   <b>*Other (Specify)</b>                  _____             </td> </tr> </table>			<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s)</b>  <b>*Other (Specify)</b> _____
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s)</b>  <b>*Other (Specify)</b> _____			
3. Date Received:		4. Applicant Identifier:			
		<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 RECEIVED                  OCT 28 2010                  STATE CLEARING HOUSE             </div>			
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: CA0482B9D000801			
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
*a. Legal Name: Covenant House California					
*b. Employer/Taxpayer Identification Number (EIN/TIN): 13-3391210		*c. Organizational DUNS: 617537436			
<b>d. Address:</b>					
*Street 1:	<u>1325 N. Western Avenue</u>				
Street 2:	_____				
*City:	<u>Hollywood</u>				
County:	<u>Los Angeles County</u>				
*State:	<u>California</u>				
Province:	_____				
*Country:	_____				
*Zip / Postal Code	<u>90027-5615</u>				
<b>e. Organizational Unit:</b>					
Department Name: Transitional Living Programs		Division Name: Supportive Apartment Program			
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:	_____	*First Name: <u>Regina</u>			
Middle Name:	<u>M.</u>				
*Last Name:	<u>Klein</u>				
Suffix:	_____				
Title:	<u>Senior Grants Manager</u>				
Organizational Affiliation: Covenant House California, Development Department					
*Telephone Number: 323.461.3131.251		Fax Number: 323.461-6491			
*Email: <u>rklein@covca.org</u>					

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> U.S. Department of Housing and Urban Development (HUD)	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <u>14.235</u> CFDA Title: <u>Supportive Housing Program</u>	
<b>*12 Funding Opportunity Number:</b> <u>FR-5415-N-17</u>  *Title: <u>Continuum of Care Homeless Assistance Program</u>	
<b>13. Competition Identification Number:</b> <u>CoC-01</u> Title: <u>2010 SuperNOFA Continuum of Care</u>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Hollywood, Los Angeles, Los Angeles County, California	
<b>*15. Descriptive Title of Applicant's Project:</b> Supportive Apartment Program for Transitional Age Homeless Youth	

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 29, 30	*b. Program/Project: 29, 30	
<b>17. Proposed Project:</b>		
*a. Start Date: 12/1/2011	*b. End Date: 11/30/2012	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	<u>\$129,736</u>	
*b. Applicant	<u>\$24,433</u>	
*c. State	<u>0</u>	
*d. Local	<u>0</u>	
*e. Other	<u>0</u>	
*f. Program Income	<u>0</u>	
*g. TOTAL	<u>\$154,169</u>	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>10/27/10</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>George</u>	
Middle Name: <u>R.</u>		
*Last Name: <u>Lozano</u>		
Suffix: _____		
*Title: <u>Executive Director</u>		
*Telephone Number: <u>323.461-3131.248</u>		Fax Number: <u>323.461.6491</u>
* Email: <u>glozano@covca.org</u>		
*Signature of Authorized Representative: 		*Date Signed: <u>10/22/2010</u>

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10-15-2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY <b>OCT 13 2010</b>	Federal Identifier <b>04-025-842236122</b>
<input checked="" type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

Legal Name: Fort Bidwell Indian Community	Organizational Unit: Department:
Organizational DUNS: 121067045	Division:
Address: Street: 130 Mee Thee Uh Road	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: John
City: Fort Bidwell	Middle Name
County: Modoc	Last Name Vass
State: CA Zip Code 96112	Suffix:
Country:	Email: Johnvass@clitlink.net

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
99-0210977

Phone Number (give area code) 530-640-2128	Fax Number (give area code) 530-279-2233
---	---

**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)**  
 K - Indian Tribe  
 Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
USDA-RD

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 68-458  
 TITLE (Name of Program):

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Pre-application Engineering Costs for Wastewater Improvement Project.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 Fort Bidwell, Modoc County, CA

**13. PROPOSED PROJECT**  
 Start Date: 12-1-2010 Ending Date: 2-1-2010

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

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> 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 checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 25,000.00	
b. Applicant	\$ .00	
c. State	\$ .00	
d. Local	\$ .00	
e. Other	\$ .00	
f. Program Income	\$ .00	
g. TOTAL	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

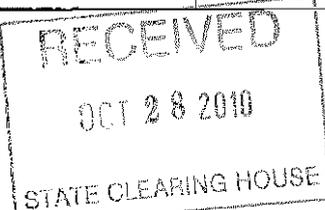
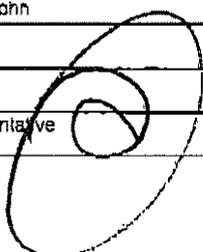
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

**a. Authorized Representative**

Prefix Mr.	First Name John	Middle Name
Last Name Vass	Suffix	
b. Title Tribal Administrator	c. Telephone Number (give area code) 530-640-2128	
d. Signature of Authorized Representative	e. Date Signed	

Previous Edition Usable  
 Authorized for Local Reproduction

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:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

**\* Other (Specify)**

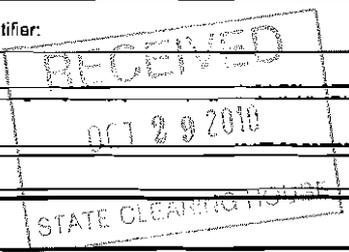
**\* 3. Date Received:**

10/27/2010

**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:**

Solar Sonoma County

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

30-0508907

**\* c. Organizational DUNS:**

024869642

**d. Address:**

**\* Street1:**

900 College Ave.

**Street2:**

**\* City:**

Santa Rosa

**County:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95404

**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:**

Alison

**Middle Name:**

**\* Last Name:**

Realy

**Suffix:**

**Title:**

Executive Director

**Organizational Affiliation:**

**\* Telephone Number:**

(707) 284-9799

**Fax Number:**

(707) 324-8335

**\* Email:**

alison@solarsonomacounty.org

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

**Application for Federal Assistance SF-424**

**Version 02**

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

M: Nonprofit with 501(C)3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**

66.034

**CFDA Title:**

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

**\* 12. Funding Opportunity Number:**

EPA-OAR-CPPD-10-12

**\* Title:**

\*NON-CONSTRUCTION MARKET-BASED APPROACHES TO REDUCING GREENHOUSE GAS EMISSIONS THROUGH ENERGY EFFICIENCY IN HOMES AND BUILDINGS\*

**13. Competition Identification Number:**

**Title:**

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

Sonoma County, California

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

Sonoma County Enhanced Energy Efficiency (E3) Demonstration Project

Attach supporting documents as specified in agency instructions.



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

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-001	* b. Program/Project CA-001
Attach an additional list of Program/Project Congressional Districts if needed.		
Congressional Districts.pdf   		
<b>17. Proposed Project:</b>		
* a. Start Date:	05/01/2011	* b. End Date: 04/30/2013
<b>18. Estimated Funding (\$):</b>		
* a. Federal	178,595.00	
* b. Applicant	143,800.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	322,395.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 10/27/2010		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 		
<b>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)</b>		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
Prefix:		* First Name: Alison
Middle Name:		
* Last Name:	Healy	
Suffix:		
* Title:	Executive Director	
* Telephone Number:	(707) 284-9799	Fax Number: (707) 324-8335
* Email:	alison@acolarsonomacounty.org	
* Signature of Authorized Representative:	Alison Healy	* Date Signed: 10/27/2010

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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier: CA052B9D000802		*5b. Federal Award Identifier: CFDA 14-235
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Venice Community Housing Corporation		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4200761		*c. Organizational DUNS: 883805509
<b>d. Address:</b>		
*Street 1:	<u>720 Rose Avenue</u>	
Street 2:	_____	
*City:	<u>Venice</u>	
County:	<u>Los Angeles</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>United States</u>	
*Zip / Postal Code	<u>90291</u>	
<b>e. Organizational Unit:</b>		
Department Name: N/A		Division Name: N/A
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	<u>Ms.</u>	*First Name: <u>Priscilla</u>
Middle Name:	<u>Ellen</u>	
*Last Name:	<u>Smith</u>	
Suffix:	_____	
Title:	<u>Controller</u>	
Organizational Affiliation:		
*Telephone Number: 310-399-4100 x105		Fax Number: 310-399-1130
*Email: priscilla@vchcorp.org		

OMB Number: 4040-0004  
Expiration Date: 01/31/2009**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of Housing &amp; Urban Development (HUD)

**11. Catalog of Federal Domestic Assistance Number:**

14.235 \_\_\_\_\_

CFDA Title:

Supportive Housing Program \_\_\_\_\_

**\*12 Funding Opportunity Number:**

FR-5415-N-17 \_\_\_\_\_

\*Title:

Continuum of Care Homeless Assistance Program \_\_\_\_\_

**13. Competition Identification Number:**

CoC-01/2010 SuperNOFA Continuum of Care \_\_\_\_\_

Title:

\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):****\*15. Descriptive Title of Applicant's Project:**

Transitional Living Center for Homeless women and their children.

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-036		*b. Program/Project: CA-036
<b>17. Proposed Project:</b>		
*a. Start Date: 2011		*b. End Date: 2012
<b>18. Estimated Funding (\$):</b>		
*a. Federal	81,170	
*b. Applicant	60,000	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	141,170	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>07/30/2010</u> <input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: <u>Ms</u>	*First Name: <u>Priscilla</u>	
Middle Name: <u>Ellen</u>		
*Last Name: <u>Smith</u>		
Suffix: _____		
*Title: <u>Controller</u>		
*Telephone Number: <u>310-399-4100 x105</u>		Fax Number: <u>310-399-1130</u>
* Email: <u>priscilla@vchcorp.org</u>		
*Signature of Authorized Representative: <u>Priscilla E. Smith</u>		*Date Signed: <u>07/30/2010</u>

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

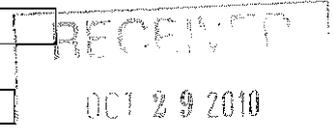
- New
- Continuation
- Revision

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

A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z

\* Other (Specify)

Other (Specify)



\* 3. Date Received:

10/29/2010

4. Applicant Identifier:

STATE OF CALIFORNIA

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: San Francisco State University

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

93-1137247

\* c. Organizational DUNS:

942514985

d. Address:

\* Street1: 1600 Holloway Avenue

Street2:

\* City: San Francisco

County:

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 94132

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: Rosa

Middle Name:

\* Last Name: Schneider

Suffix:

Title:

Organizational Affiliation:

\* Telephone Number: 510-338-2005

Fax Number:

\* Email: rosaschneider@gmail.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

\* 12. Funding Opportunity Number:

NOAA-NOS-OCRM-2011-2002575

\* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY11

13. Competition Identification Number:

2193896

Title:

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

Solano County, CA

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

Investigating causes of rarity and climate change implications for a rare endemic wetland plant

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424** Version 02

**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="40,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="17,148.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="57,148.00"/>

**\* 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: