Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16 - 31, 2012.** 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.

OMB Number: 4040-0002
Expiration Date: 8/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:**

STATE USE ONLY:

3. Applicant Identifier: FTA Section 5307 and 5340

5. Date Received by State:

4a. Federal Entity Identifier: 942222398

6. State Application Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x]

4b. Federal Award Identifier:

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7. APPLICANT INFORMATION:

*** a. Legal Name:** Monterey-Salinas Transit

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 942222398

*** c. Organizational DUNS:** 073957813

d. Address:

* Street1: One Ryan Ranch Road

Street2:

* City: Monterey

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 93940

e. Organizational Unit:

Department Name: Finance & Administration

Division Name:

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

Prefix: Ms.

* First Name: Michelle

Middle Name:

* Last Name: Overmeyer

Suffix:

Title: Grants & Compliance Anayst

Organizational Affiliation: Monterey-Salinas Transit

* Telephone Number: 831-393-8131

Fax Number: 831-899-3954

* Email: movermeyer@mst.org

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

D: Special District Government

* Other (specify):

b. Additional Description:

Public Transit District

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit - Formula Grants

11. Areas Affected by Funding:

Monterey County, California

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: CA-017

b. Program/Project: CA-017

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 7/1/12

b. End Date: 6/30/13

14. ESTIMATED FUNDING:

* a. Federal ($): $6,241,680

b. Match ($): $6,241,680

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

☒ a. This submission was made available to the State under the Executive Order 12372 Process for review on: 10/16/12

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

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 10-15-2012	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Pacific Rim Dairy	Organizational Unit:
	Department:
Organizational DUNS: 078311928	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 13406 Road 24	Prefix: Mr. / First Name: David
City: Corcoran	Middle Name
County: Kings	Last Name DeGroot
State: CA / Zip Code 93212	Suffix:
Country: United States	Email: Davidd@4-Creeks.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0391145	Phone Number (give area code) (559)802-3052 / Fax Number (give area code) (559)802-3215

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

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

9. NAME OF FEDERAL AGENCY:
United States Department of Agriculture

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Pacific Rim Dairy One Mega Watt Digester

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

13. PROPOSED PROJECT
Start Date: February 1, 2013
Ending Date: March 31, 2014

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 20th Congressional District
b. Project: 20th Congressional District

15. ESTIMATED FUNDING:

a. Federal	$ 50,000.00
b. Applicant	$ 51,500.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 101,500.00

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

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

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

a. Authorized Representative

Prefix Mr.	First Name Greg	Middle Name
Last Name Te Velde		Suffix
b. Title Owner		c. Telephone Number (give area code) (559) 799-9111
d. Signature of Authorized Representative		e. Date Signed 10-15-2012

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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* 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: WASCO AFFORDABLE HOUSING, INC.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 9[illegible]

* c. Organizational DUNS: 10[illegible]

d. Address:

* Street 1: 1400 7TH STREET
Street 2:
* City: WASCO, CA
County/Parish: KERN
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93280

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: [illegible]

Middle Name:

* Last Name: NEWMAN

Suffix:

Title: EXECUTIVE DIRECTOR

Organizational Affiliation:

* Telephone Number: (661) 758-0555

Fax Number: (661) 758-0555

* Email: [illegible]@[illegible].com

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

[redacted]

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

[redacted]

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

USDA/Rural Development

*** 12. Funding Opportunity Number:**

[redacted]

* Title:

[redacted]

13. Competition Identification Number:

Title:

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

Lost Hills, County of Kern

Add Attachments | Delete Attachments | View Attachments

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

[redacted]

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant [redacted] * b. Program/Project [redacted]

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

[redacted] Add Attachments Delete Attachments View Attachments

17. Proposed Project:

* a. Start Date: [redacted] * b. End Date: [redacted]

18. Estimated Funding ($):

* a. Federal	[redacted]
* b. Applicant	[redacted]
* c. State	[redacted]
* d. Local	[redacted]
* e. Other	[redacted]
* f. Program Income	[redacted]
* g. TOTAL	[redacted]

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 [redacted].

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

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

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

☐ Yes ☑ No

If "Yes, provide explanation and attach.

[redacted] Add Attachments Delete Attachments View Attachments

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

[redacted] "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: [redacted] * First Name: [redacted]

Middle Name: [redacted]

* Last Name: [redacted]

Suffix: [redacted]

* Title: [redacted]

*Telephone Number: [redacted] Fax Number: (661) 758-0555

* Email: [redacted]

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

Pat

9-14-2012

LOST HILLS PROJECT DESCRIPTION

The project will consist of the construction of 20 single family residences and one community building on 21 single family zoned lots in the unincorporated community of Lost Hills, California. The single family residences will be single story, and have three bedrooms, two baths, indoor laundry facilities, a two car attached garage, covered rear patios, and covered front porch. The units will be a nominal 1200 SF with a 480 SF garage. The construction will be Type V wood frame, concrete slab on grade. The exterior finish material will be a combination of cement plaster and cement fiber board siding. The roofs will be light weight concrete tile. The residences will be designed to achieve LEED Gold Certification, Department of Energy Builders Challenge Program, and exceed State of California Title 24 requirements by 25%. Two of residential units will meet Federal ADA and State of California Title 24 Accessibility Requirements for residential uses.

The community building will be a nominal 1200 square foot, single story, Type V construction with a community room, office and toilet facilities, and eight onsite parking spaces

The residential lots are currently improved, with Inyo Street having all the required street improvements and infrastructure installed. Badger Street is unimproved, and will require the installation of all required curbs, gutters, sidewalks, street lights, and utilities.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☑ Preapplication	☐ New	Decrease Award
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☑ Revision	Decrease Award

*3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier: *5b. Federal Award Identifier:

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Wasco Affordable Housing, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-2164162

*c. Organizational DUNS: 021059779

d. Address:

*Street1: 1406 7th Street
Street 2:
*City: Wasco
County:
*State: CA
Province:
Country: *Zip/ Postal Code: 93280

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: Pat
Middle Name:
*Last Name: Newman
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 661-758-0566 Fax Number: 661-758-0555

*Email: ewascoaffordabl@bak.rr.com

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):
Non Profit 501c3

*10. Name of Federal Agency:
USDA - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 and 10.427

CFDA Title:

Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants

*12. Funding Opportunity Number:

*Title: SECTION 514/516 OF HOUSING ACT OF 1949

13. Competition Identification Number:

Title:

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

Lost Hills, County of kern, California, U.S.A

*15. Descriptive Title of Applicant's Project:

The project will consist of 20 Three Bedroom Single Family homes and 1 Community Building

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 20th

*b. Program/Project: 20th

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

17. Proposed Project: Almond Village

*a. Start Date: 6/1/2013

*b. End Date: 12/31/2013

18. Estimated Funding ($):

*a. Federal	$1,500,000.00	(USDA)
*b. Applicant	$1,667,203.00	(TAX CREDIT)
*c. State	$1,200,000.00	(HOME - COUNTY OF KERN)
*d. Local	$150,000.00	(WASCO AFFORDABLE HOUSING, INC)
*e. Other	$213,854.00	(DEFERRED DEVELOPER FEE)
*f. Program Income	$4,731,057.00	
*g. TOTAL		

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/18/2012
[ ] 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: Pat

Midd le N ame:

*Last Name: Newman

Suffix:

*Title: Executive Director

*Telephone Number: 661-758-0566

Fax Number: 661-758-0555

*Email: ewascoaffordabl@bak.rr.com

*Signature of Authorized Representative:

Date Signed: 10/18/2012

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

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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: Lucia Mar Unified School District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 71-0929358

* c. Organizational DUNS: 084348143

d. Address:

* Street 1: 602 Orchard Street
Street 2:
* City: Arroyo Grande
County: San Luis Obispo
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93420

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: Pablo
Middle Name:
* Last Name: Chavero
Suffix:

Title: Principal

Organizational Affiliation:

* Telephone Number: (805) 474-3770
Fax Number: (805) 473-5502

* Email: pchavero@lmusd.org

OMB Number: 4040-0004
Expiration Date: 01/31/2008

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

G: Independent School District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Grant

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

Grover Beach IB Program

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

City of Grover Beach, California

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

Library and Computer Lab Upgrade

Attach supporting documents as specified in agency instructions.

[illegible] [illegible] [illegible]

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 22/23
* b. Program/Project: 23

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 11-01-2012
* b. End Date: 06-30-2013

18. Estimated Funding ($):

* a. Federal	$47,557.33
* b. Applicant	$61,742.00
* c. State	
* d. Local	
* e. Other	$73,764.00
* f. Program Income	
* g. TOTAL	$183,063.33

*** 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 10-18-2012.

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

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

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

☐ Yes ☑ No Explanation

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

Middle Name:

* Last Name: Hogeboom

Suffix:

* Title: Superintendent

*Telephone Number: (805) 474-3000 Fax Number: (805) 481-1398

* Email: jhogeboom@lmusd.org

* Signature of Authorized Representative: * Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1 02

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)
☒ Preapplication	☒ New	
☐ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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:

8. APPLICANT INFORMATION:

*a. Legal Name: Lindsay Village Partners, L.P.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 46-0893153

*c. Organizational DUNS:

d. Address:

*Street 1: 8445 W. Elowin Court / P.O.Box 6520
Street 2:
*City: Visalia
County: County of Tulare
*State: CA
Province:
*Country: USA
*Zip / Postal Code 93290

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e. Organizational Unit:

Department Name: Multi-Family Housing

Division Name: N/A

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

Prefix: *First Name: Doug
Middle Name:
*Last Name: Pingel
Suffix:

Title: Multi-Family Program Director

Organizational Affiliation: N/A

*Telephone Number: 559-802-1651 Fax Number: 559-651-3634

*Email: dougp@selfhelpenterprises.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:**

Q. For-profit Org(Other Than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Rural Housing Service (RHS) USDA

11. Catalog of Federal Domestic Assistance Number:

10.405/10.427

CFDA Title:

10.405 Rural Rental Housing Loans/10.427 Rural Rental Assistance Payments

***12 Funding Opportunity Number:**

N/A

*Title:

NOFA for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2012

13. Competition Identification Number:

Title:

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

Lindsay and County of Tulare

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

Lindsay Village is a new construction - 60 unit multi-family rental housing project with a community room and recreational facilities.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA - 021 *b. Program/Project: CA -021

17. Proposed Project:

*a. Start Date: 8/15/2013 *b. End Date: 6/2014

18. Estimated Funding ($):

*a. Federal	$2,000,000
*b. Applicant	426,549
*c. State	0
*d. Local	$11,122,931
*e. Other	-0-
*f. Program Income	$13,549,480
*g. TOTAL	

***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 to be submitted concurently

☐ 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: Peter

Middle Name: N.

*Last Name: Carey

Suffix:

*Title: CEO/President of Self Help Enterprises, General Partner

*Telephone Number: 559-802-1600 Fax Number: 559-651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: *Date Signed: 10/15/2012

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

Application for Federal Assistance SF-424 Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

Not Applicable

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 10-17-12	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:
Application: ☒ Construction ☐ Non-Construction
Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: FALL RIVER VALLEY COMMUNITY SERVICES DISTRICT

Organizational DUNS: 009448804

Address:
Street: P.O. BOX 427
City: FALL RIVER MILLS
County: SHASTA
State: CA
Zip Code: 96028
Country: USA

Organizational Unit:
Department:
Division:
Name and telephone number of person to be contacted on matters involving this application (give area code) 805-689-5550
Prefix: First Name: JOHN
Middle Name
Last Name: VAN DEN BERGH
Suffix:
Email: johnvc@impulse.net
Phone Number (give area code): 530-336-5263
Fax Number (give area code): 530-336-5922

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1579081

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WATER TANK

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

13. PROPOSED PROJECT
Start Date: FALL 2013
Ending Date: SUMMER 2014

14. CONGRESSIONAL DISTRICTS OF: CA 2
a. Applicant: CA2
b. Project: CA2

15. ESTIMATED FUNDING:

a. Federal	$ 700,000
b. Applicant	$
c. State	$ 791,000
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 1,491 000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE:
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: JOHN
Middle Name:
Last Name: VAN DEN BERGH
Suffix:
b. Title: GENERAL MANAGER
c. Telephone Number (give area code): 530-336-5263
d. Signature of Authorized Representative: John Van Den Bergh
e. Date Signed: 10-17-12

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

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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* 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: WASCO AFFORDABLE HOUSING, INC

* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-2164162

* c. Organizational DUNS: 021059779

d. Address:

* Street 1: 1406 7TH STREET
Street 2:
* City: WASCO, CA
County/Parish: KERN
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93280

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: PATRICK

Middle Name:

* Last Name: NEWMAN

Suffix:

Title: EXECUTIVE DIRECTOR

Organizational Affiliation:

* Telephone Number: (661) 758-0566

Fax Number: (661) 758-0555

* Email: ewascoaffordabl@bak.rr.com

Application for Federal Assistance SF-424

9. Type of Applicant I - Select Applicant Type:

Non-Profit 501C3 IRS Status

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

USDA/Rural Development

*** 12. Funding Opportunity Number:**

MBL-SF424 Family-All Forms

* Title:

MBL-SF424 Family-All Forms

13. Competition Identification Number:

Title:

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

Lost Hills, County of Kern

Add Attachments | Delete Attachments | View Attachments

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

The project will consist of 20 three bedroom single family homes and one Community Center.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 20th
* b. Program/Project: 20th

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

Add Attachments | Delete Attachments | View Attachments

17. Proposed Project:

* a. Start Date: 06-01-2013
* b. End Date: 12-31-2013

18. Estimated Funding ($):

* a. Federal	$3,000,000.00
* b. Applicant	$1,935,000.00
* c. State	
* d. Local	$2,000,000.00
* e. Other	
* f. Program Income	
* g. TOTAL	$6,935,000.00

*** 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.
- [x] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes, provide explanation and attach.

Add Attachments | Delete Attachments | View Attachments

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

- [x] ** 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:	Patrick
Middle Name:	
* Last Name:	Newman
Suffix:	
* Title:	Executive Director
*Telephone Number:	(661) 758-0566
Fax Number:	(661) 758-0555
* Email:	ewascoaffordabl@bak rr.com
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

Pat N

9-14-2012

LOST HILLS PROJECT DESCRIPTION

The project will consist of the construction of 20 single family residences and one community building on 21 single family zoned lots in the unincorporated community of Lost Hills, California. The single family residences will be single story, and have three bedrooms, two baths, indoor laundry facilities, a two car attached garage, covered rear patios, and covered front porch. The units will be a nominal 1200 SF with a 480 SF garage. The construction will be Type V wood frame, concrete slab on grade. The exterior finish material will be a combination of cement plaster and cement fiber board siding. The roofs will be light weight concrete tile. The residences will be designed to achieve LEED Gold Certification, Department of Energy Builders Challenge Program, and exceed State of California Title 24 requirements by 25%. Two of residential units will meet Federal ADA and State of California Title 24 Accessibility Requirements for residential uses.

The community building will be a nominal 1200 square foot, single story, Type V construction with a community room, office and toilet facilities, and eight onsite parking spaces

The residential lots are currently improved, with Inyo Street having all the required street improvements and infrastructure installed. Badger Street is unimproved, and will require the installation of all required curbs, gutters, sidewalks, street lights, and utilities.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☑ Preapplication	☐ New	Decrease Award
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☑ Revision	Decrease Award

*3. Date Received: 4. Application 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: Wasco Affordable Housing, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-2164162

*c. Organizational DUNS: 021059779

d. Address:

*Street1: 1406 7th Street
Street 2:
*City: Wasco
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 93280

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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: Pat
Middle Name:
*Last Name: Newman
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 661-758-0566 Fax Number: 661-758-0555

*Email: ewascoaffordabl@bak.rr.com

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):
Non Profit 501c3

*10. Name of Federal Agency:
USDA - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 and 10.427

CFDA Title:

Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants

*12. Funding Opportunity Number:

*Title: SECTION 514/516 OF HOUSING ACT OF 1949

13. Competition Identification Number:

Title:

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

Lost Hills, County of kern, California, U.S.A

*15. Descriptive Title of Applicant's Project:

The project will consist of 20 Three Bedroom Single Family homes and 1 Community Building

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 20th

*b. Program/Project: 20th

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

17. Proposed Project: Almond Village

*a. Start Date: 6/1/2013

*b. End Date: 12/31/2013

18. Estimated Funding ($):

*a. Federal	$1,500,000.00	(USDA)
*b. Applicant	$1,667,203.00	(TAX CREDIT)
*c. State	$1,200,000.00	(HOME - COUNTY OF KERN)
*d. Local	$150,000.00	(WASCO AFFORDABLE HOUSING, INC)
*e. Other	$213,854.00	(DEFERRED DEVELOPER FEE)
*f. Program Income		
*g. TOTAL	$4,731,057.00	

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/18/2012
[ ] 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: Pat

Midd le N ame:

*Last Name: Newman

Suffix:

*Title: Executive Director

*Telephone Number: 661-758-0566

Fax Number: 661-758-0555

*Email: ewascoaffordabl@bak.rr.com

*Signature of Authorized Representative:

Date Signed: 10/18/2012

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*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.

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
10/24/12

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
13SF143067

4. DATE RECEIVED BY FEDERAL AGENCY:
10/24/12

FEDERAL IDENTIFIER:
12SFPCA002

5. APPLICATION INFORMATION

LEGAL NAME: Fresno County Economic Opportunities Commission

DUNS NUMBER: 076788023

ADDRESS (give street address, city, state, zip code and county):
1920 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: Kathlene Brookshire
TELEPHONE NUMBER: (559) 263-1538
FAX NUMBER: (559) 263-1540
INTERNET E-MAIL ADDRESS: kathlene.brookshire@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

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8. TYPE OF APPLICATION (Check appropriate box).
[ ] NEW [ ] NEW/PREVIOUS GRANTEE
[X] 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: 94.011
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):
The Fresno EOC Foster Grandparent Program (FGP) serves Fresno and Madera Counties. In Fresno County volunteer sites have been established in the following

13. PROPOSED PROJECT: START DATE: 01/01/12 END DATE: 12/31/14

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

15. ESTIMATED FUNDING: Year #: 2

a. FEDERAL	$ 354,723.00
b. APPLICANT	$ 116,414.00
c. STATE	$ 39,414.00
d. LOCAL	$ 0.00
e. OTHER	$ 77,000.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 471,137.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 23-OCT-12
[ ] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES. If "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE	b. TITLE	c. TELEPHONE NUMBER
Kathlene Brookshire	Co-Director	(559) 263-1538

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:
10/24/12

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION: Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/23/12

2b. APPLICATION ID: 13SC144281

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED BY FEDERAL AGENCY: 10/23/12

STATE APPLICATION IDENTIFIER:

FEDERAL IDENTIFIER: 11SCFCA001

5. APPLICATION INFORMATION

LEGAL NAME: Catholic Charities Diocese of Fresno

DUNS NUMBER: 082448119

ADDRESS (give street address, city, state, zip code and county):
149 N Fulton St.
Fresno CA 93701 - 1607
County:

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Alan P. Lopes
TELEPHONE NUMBER: (559) 498-6377
FAX NUMBER: (559) 485-1587
INTERNET E-MAIL ADDRESS: alopes@ccdof.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941678938

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization
Faith-based organization
Local Affiliate of National Organization

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8. TYPE OF APPLICATION (Check appropriate box).
[ ] NEW [ ] NEW/PREVIOUS GRANTEE
[X] 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: 94.016
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

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

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

15. ESTIMATED FUNDING: Year #: 3

a. FEDERAL	$ 373,229.00
b. APPLICANT	$ 93,307.00
c. STATE	$ 0.00
d. LOCAL	$ 0.00
e. OTHER	$ 93,307.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 466,536.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 23-OCT-12
[ ] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES If "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jill Christensen
b. TITLE: Accounting Manager
c. TELEPHONE NUMBER: (559) 237-0851 1103
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: Jill D Christensen
e. DATE SIGNED: 10/23/12

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

*3. Date Received: 4. Application Identifier:

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5a. Federal Entity Identifier: *5b. Federal Award Identifier:

OCT 24 2012

State Use Only:

STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

* a. Legal Name: State Water Resources Control Board

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281986

*c. Organizational DUNS: 808321913

d. Address:

*Street1: 1001 I Street
Street 2:
*City: Sacramento
County:
*State: California
Province:
Country:
*Zip/ Postal Code: 95814

e. Organizational Unit:

Department Name: State Water Resources Control Board

Division Name: Division of Water Quality

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

Prefix: Mr. First Name: Rik
Middle Name:
*Last Name: Rasmussen
Suffix:

Title: Environmental Program Manager I / Program Manager

Organizational Affiliation:

*Telephone Number: (916) 341-5549 Fax Number: (916) 341-5463

*Email: rrasmussen@waterboards.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
U. S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.454

CFDA Title:

Water Quality Management Planning

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

State of California

*15. Descriptive Title of Applicant's Project:

The WQ management Planning Program oversees and manages water quality planning projects as authorized by State law or local ordinances, to assure the maintenance, restoration, enhancement, and protection of water quality in the environment.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-5

*b. Program/Project: California - All

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

17. Proposed Project:

*a. Start Date: 7/1/12

*b. End Date: 6/30/16

18. Estimated Funding ($):

*a. Federal	$1,021,000.00	*d. Local	
*b. Applicant		*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	$1,021,000.00

***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 10/23/12
☐ 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: Thomas

Midd le N ame:

*Last Name: Howard

Suffix:

*Title: Executive Director

*Telephone Number: 916-341-5615

Fax Number: 916-341-5621

*Email: thoward@waterboards.ca.gov

*Signature of Authorized Representative:

Date Signed: 10/26/12

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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*3. Date Received: 4. Application 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: 1715 Washington St., L.P.

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

*c. Organizational DUNS: To be Obtained

d. Address:

*Street1: 15303 Ventura Blvd., Suite 1100
Street 2:
*City: Sherman Oaks, CA
County:
*State: CA
Province:
Country: *Zip/ Postal Code: 91403

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: David
Middle Name:
*Last Name: Sclafani
Suffix:

Title: Senior Vice President

Organizational Affiliation:
Corporation for Better Housing

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: X. Other (specify) Limited Partnership w/ nonprofit Housing General Partner

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 and 10.427

CFDA Title:

Rural Rental Housing Loan and Rural Rental Assistance Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Calistoga, CA

*15. Descriptive Title of Applicant's Project:

See attached description

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-027 *b. Program/Project: CA-01

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

17. Proposed Project:

*a. Start Date: 9/2013 *b. End Date: 9/2014

18. Estimated Funding ($):

*a. Federal	$3,000,000.00
*b. Applicant	$1,392,791.00
*c. State	
*d. Local	
*e. Other	$14,023,460.00
*f. Program Income	
*g. TOTAL	$18,416,251.00

***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 10/24/2012
☐ 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: David

Middle Name:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: Date Signed: 10/24/2012

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARING HOUSE

*3. Date Received:
4. Application 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: 1110 S. I St., LP

* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-1758468

*c. Organizational DUNS: 956103910

d. Address:

*Street1: 15303 Ventura Blvd., Suite 1100
Street 2:
*City: Sherman Oaks, CA
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 91403

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: David
Middle Name:
*Last Name: Sclafani
Suffix:

Title: Senior Vice President

Organizational Affiliation:
Corporation for Better Housing

*Telephone Number: 818-905-2430
Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: X. Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 and 10.427

CFDA Title:

Rural Rental Housing Loan and Rural Rental Assistance Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Reedley, CA

*15. Descriptive Title of Applicant's Project:

See attached description

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA-027 *b. Program/Project: CA-021

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

17. Proposed Project:

*a. Start Date: 9/2013 *b. End Date: 9/2014

18. Estimated Funding ($):

*a. Federal	$3,000,000.00
*b. Applicant	$1,106,070.00
*c. State	$2,550,000.00
*d. Local	$13,973,945.00
*e. Other	
*f. Program Income	
*g. TOTAL	$20,630,015.00

***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 10/24/2012
☐ 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: David

Middle Name:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: Date Signed: 10/24/2012

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED	Applicant Identifier N/A	
3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01746	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address:

Street: PO Box 942896

City: Sacramento

County: Sacramento

State: California Zip Code 94296-0001

Country: USA

Organizational Unit:

Department: California Department of Parks and Recreation

Division: Office of Grants and Local Services

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

Prefix: Ms. First Name: Jean

Middle Name

Last Name Lacher

Suffix:

Email: jlacher@parks.ca.gov

Phone Number (give area code) (916) 651-8597

Fax Number (give area code) (916) 653-6511

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OCT 25 2012

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68 - 0303606

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

Other (specify)

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

A. State

Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

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

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Assessing and Planning for Climate Change Impacts on Outdoor Recreation in California

California Department of Parks and Recreation, Planning Division

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

13. PROPOSED PROJECT

Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 03 b. Project Statewide

15. ESTIMATED FUNDING:

a. Federal	$ 63,536.00
b. Applicant	$
c. State	$ 63,536.00
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 127,072.00

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: 10/25/2012

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix Ms. First Name Jean Middle Name

Last Name Lacher Suffix

b. Title Chief, Office of Grants and Local Services c. Telephone Number (give area code) (916) 651-8597

d. Signature of Authorized Representative Jean A Lacher e. Date Signed 10-25-12

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier N/A	
3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01745	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address:

Street: PO Box 942896

City: Sacramento

County: Sacramento

State: California Zip Code 94296-0001

Country: USA

Organizational Unit:

Department: California Department of Parks and Recreation

Division: Office of Grants and Local Services

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

Prefix: Ms. First Name: Jean

Middle Name

Last Name Lacher

Suffix:

Email: jlacher@parks.ca.gov

Phone Number (give area code) (916) 651-8597

Fax Number (give area code) (916) 653-6511

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OCT 25 2012

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68 - 0303606

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

Other (specify)

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

A. State

Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

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

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

2013/14 CORP Program Evaluation/ Strategic Plan and Procedural Guide

California Department of Parks and Recreation, Planning Division

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

06- Statewide

13. PROPOSED PROJECT

Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 03 b. Project Statewide

15. ESTIMATED FUNDING:

a. Federal	$ 97,510.00
b. Applicant	$
c. State	$ 97,510.00
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 195,020.00

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: 10/25/2012

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix Ms. First Name Jean Middle Name

Last Name Lacher Suffix

b. Title Chief, Office of Grants and Local Services

c. Telephone Number (give area code) (916) 651-8597

d. Signature of Authorized Representative Jean A. Lacher

e. Date Signed 10-25-12

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

*3. Date Received: 4. Application 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: S. Fairfax Rd., L.P.

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

*c. Organizational DUNS: To be Obtained

d. Address:

*Street1: 15303 Ventura Blvd., Suite 1100
Street 2:
*City: Sherman Oaks, CA
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 91403

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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: David
Middle Name:
*Last Name: Sclafani
Suffix:

Title: Senior Vice President

Organizational Affiliation:
Corporation for Better Housing

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: X. Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 and 10.427

CFDA Title:

Rural Rental Housing Loan and Rural Rental Assistance Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Lamont, CA

*15. Descriptive Title of Applicant's Project:

See attached description

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA-027 *b. Program/Project: CA-020

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

17. Proposed Project:

*a. Start Date: 9/2013 *b. End Date: 9/2014

18. Estimated Funding ($):

*a. Federal	$3,000,000.00
*b. Applicant	$1,396,422.00
*c. State	
*d. Local	
*e. Other	$10,650,813.00
*f. Program Income	
*g. TOTAL	$15,047,235.00

***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 10/25/2012
☐ 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: David

Midd le N ame:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: Date Signed: 10/24/2012

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*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.

System # 1500561 Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 10/26/12		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION:
Application: ☐ Construction ☐ Non-Construction
Pre-application: ☒ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Round Mountain Water Company
Organizational Unit:
Department:
Organizational DUNS: 120898270
Division:
Address:
Street: Rt. 18, Box 154
City: Bakersfield
County: Kern
State: CA
Zip Code: 93308
Country:

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OCT 26 2012
STATE CLEARING HOUSE

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mrs. First Name: Martha
Middle Name: L.
Last Name: Ryder Watson
Suffix: /
Email: martyryder@rydergroup.com
Phone Number (give area code): (661) 809-2271
Fax Number (give area code): /

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3407021

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

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

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.-760
TITLE (Name of Program): Water & Waste Disposal Loans & Grant Prog.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
See attached description & maps.

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

13. PROPOSED PROJECT
Start Date: March, 2013
Ending Date: March, 2014

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 22nd. Will be 23rd 11/12
b. Project: 22nd. Will be 23rd 11/12.

15. ESTIMATED FUNDING:

a. Federal	$ 120,000.00
b. Applicant	$ 22,500.00
c. State	$ 27,500.00
d. Local	$
e. Other	$
f. Program Income	$ /
g. TOTAL	$ 170,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 10/26/12
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: Robert Middle Name: Gregory
Last Name: Watson Suffix: /
b. Title: President, Round Mountain Water Co.
c. Telephone Number (give area code): (661) 809-2270
d. Signature of Authorized Representative: Robert Gregory Watson
e. Date Signed: 10/26/12

Previous Edition Usable
Authorized for Local Reproduction

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 10/22/12

Applicant Identifier:

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

Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name:
Los Angeles County Metropolitan Transportation Authority

Organizational Unit:
Regional Program Management

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Kathy Banh
(213) 922-7635

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95 - 4401975

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

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

State Chartered Transit District

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☒ Revision – A (Increase of Award)

If Revision, enter appropriate letter(s) in box(es):
A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

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STATE CLEARING HOUSE

9. NAME OF FEDERAL AGENCY:
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
20-507

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Growing States – PM Rail, CA-90-Y969-02

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
7/1/12	6/30/13	Districts 26, 28, 31, 32, 34, 35, 37, 38	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	1,875,932.00
b Applicant	$	.00
c State	$	.00
d Local	$	468,982.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	2,344,914.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 10/22/12
b NO ☐ PROGRAM IS NOT COVERED BY E O 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a Typed Name of Authorized Representative
COSETTE STARK

b Title
Interim DEO Grants Management

c Telephone number
(213) 922-2822

d. Signature of Authorized Representative
Cosette Stark

e. Date Signed
10-24-12

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify):
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:
10/31/2012	

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OCT 29 2012
STATE CLEARING HOUSE

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: Coachella Valley Housing Coalition

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
953814898	61-328-1070

d. Address:

* Street1:	45701 Monroe Street, Suite G
Street2:	
* City:	Indio
County/Parish:	
* State:	CA
Province:	
* Country:	
* Zip / Postal Code:	92201

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: John

Middle Name: F.

* Last Name: Mealey

Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: (760) 347-3157 Fax Number: (760) 342-6466

* Email: john.mealey@cvhc.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Not for Profit 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 Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.405 and 10.427

CFDA Title:

10.405 Farm Labor Housing Loan and Grant/10.427 Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

MBL-424 Family All-Forms

* Title:

Section 514 Farm Labor (FLH) Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2012

13. Competition Identification Number:

Title:

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

Indio, Riverside, California

Add Attachment | Delete Attachment | View Attachment

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

Fred Young Farmworker Apartments, Phase II is the second phase of replacement housing for the existing Fred Young Farm Labor Camp, a 253 farmworker housing facility. The new project consists of 85 units with a mix of 12-1 bedroom/1bathroom, 38-2 bedroom/1 bathroom units, and 35-3 bedroom/2 bathroom units.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 36th
* b. Program/Project: 36th

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/02/2013
* b. End Date: 02/03/2014

18. Estimated Funding ($):

* a. Federal	$3,000,000.00
* b. Applicant	$56,863.00
* c. State	
* d. Local	$4,000,000.00
* e. Other	$11,313,594.00
* f. Program Income	
* g. TOTAL	$18,370,457.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/01/2010.
- [ ] 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 in attachment.)**

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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)**

- [x] ** 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: Pedro

Middle Name: S.G.

* Last Name: Rodriguez

Suffix:

* Title: Chief Financial Officer

* Telephone Number: (760) 347-3157 | Fax Number: (760) 342-6466

* Email: pedro.rodriguez@cvhc.org

* Signature of Authorized Representative: | * Date Signed: 09/17/2012

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

*2. Type of Application
- [x] New
- [ ] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

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OCT 29 2012
STATE CLEARING HOUSE

*3. Date Received:

4. Application 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: California Human Development

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1653023

*c. Organizational DUNS: 060117272

d. Address:

*Street1: 3315 Airway Drive
Street 2:
*City: Santa Rosa
County: Sonoma
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 95403

e. Organizational Unit:

Department Name: Housing Department

Division Name:

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

Prefix: MS.
First Name: Linda
Middle Name: Maria
*Last Name: Hedstrom
Suffix:

Title: Housing & Economic Development Manager

Organizational Affiliation:
California Human Development employee

*Telephone Number: 707-372-4588
Fax Number: 707-523-3776

*Email: linda.hedstrom@cahumandevelopment.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Rural Housing Service, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Section 514/516 loan/grant program

*12. Funding Opportunity Number:

*Title: NOFA for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2012.

13. Competition Identification Number:

Title:

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

unincorporated Kelseyville, Lake County, California

*15. Descriptive Title of Applicant's Project:

Aytch Plaza expansion: the addition of 9 multifamily units on a 2-acre site already developed with 11 units of farmworker family housing.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant ONE

*b. Program/Project: ONE

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

17. Proposed Project:

*a. Start Date: April 1, 2013

*b. End Date: December 1, 2013

18. Estimated Funding ($):

*a. Federal	$2,000,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	$99,000.00
*f. Program Income	
*g. TOTAL	$2,099,000.00

***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 10-29-12
☐ 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: Christopher

Middle Name:

*Last Name: Paige

Suffix:

*Title: Chief Executive Officer

*Telephone Number: 707-521-4726

Fax Number: 707-523-3776

*Email: chris.paige@cahumandevelopment.org

*Signature of Authorized Representative:

Date Signed:

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*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.

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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STATE CLEARING HOUSE

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: Exploratorium

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1696494

* c. Organizational DUNS: 0746261650000

d. Address:

* Street1: 3601 Lyon Street
Street2:
* City: San Francisco
County/Parish: San Francisco
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94123-1019

e. Organizational Unit:

Department Name: Teacher Institute

Division Name:

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

Prefix: Dr.
* First Name: Julie
Middle Name:
* Last Name: Yu
Suffix:

Title: Staff Scientist

Organizational Affiliation: Exploratorium Teacher Institute

* Telephone Number: 415 528-4640
Fax Number: 415 528-4307

* Email: jyu@exploratorium.edu

Application for Federal Assistance SF-424

*** 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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.429

CFDA Title:

Marine Sanctuary Program

*** 12. Funding Opportunity Number:**

NOAA-NOS-NMS-2013-2003447

* Title:

Fiscal Year 2013 NOAA California Bay Watershed Education and Training (B-WET) Program

13. Competition Identification Number:

2293260

Title:

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

Areas Affected by the Project.doc | Add Attachment | Delete Attachment | View Attachment

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

Interpreting the Bay

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

3.f4

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-008
b. Program/Project: CA-008

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

congressional_districts_map_CA008_CA009.pd | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2013
* b. End Date: 07/31/2014

18. Estimated Funding ($):

* a. Federal	60,000.00
* b. Applicant	24,747.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	84,747.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/30/2012.
- [ ] 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 in attachment.)**

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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)**

- [x] ** 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: Laura
Middle Name:
* Last Name: Zander
Suffix:

* Title: Chief Operating Officer

* Telephone Number: 415 528-4345
Fax Number: 415 528-4307

* Email: lzander@exploratorium.edu

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

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
10/26/12	

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STATE CLEARINGHOUSE

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: HAMILTON CITY COMMUNITY SERVICES DISTRICT

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-2170312	044197975

d. Address:

* Street 1: 211 MAIN STREET
Street 2: P.O. BOX 116
* City: HAMILTON CITY
County: GLENN
* State: CALIFORNIA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95951-0116

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: JOSE
Middle Name: F
* Last Name: PUENTE
Suffix:

Title: GENERAL MANAGER

Organizational Affiliation:

* Telephone Number: 530-826-3208 Fax Number: 530-826-0351

* Email: hccsdgm@att.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

Public Body

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

~~NCMS Agency~~ USDA-RD

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

WATER & WASTE DISPOSAL LOAN & GRANT PROGRAM

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

HAMILTON CITY, GLENN COUNTY, CALIFORNIA

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

SEWER SYSTEM IMPROVEMENT PROJECT 2013

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: 3rd
* b. Program/Project: 3rd.

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 6/2013
* b. End Date: 12/2013

18. Estimated Funding ($):

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

*** 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 10-25-12.

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

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

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

☐ Yes ☒ No Explanation

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

Middle Name: I

* Last Name: Puente

Suffix:

* Title: General Manager

*Telephone Number: 530-826-3208 Fax Number: 530-826-0351

* Email: hccsdgm@att.net

* Signature of Authorized Representative: Jose Puente * Date Signed: 10-26-12

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1 02

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

*3. Date Received:

4. Application Identifier:

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STATE CLEARING HOUSE

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: Vista Montana Phase II, LP

* b. Employer/Taxpayer Identification Number (EIN/TIN): 46-0953529

*c. Organizational DUNS: 13-552-6148

d. Address:

*Street1: 16935 W. Bernardo Drive, Suite 238
Street 2:
*City: San Diego
County:
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 92127

e. Organizational Unit:

Department Name: Pacific Southwest Community Development Corporation

Division Name:

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

Prefix: Mr
First Name: Joseph
Middle Name:
*Last Name: Anfuso
Suffix:

Title: Assistant Project Manager

Organizational Affiliation:
Chelsea Investment Corporation, Developer

*Telephone Number: (760)456-6000
Fax Number: (760) 456-6001

*Email: janfuso@chelseainvestco.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify): Non-Profit 501 (c) 3

*10. Name of Federal Agency:
Rural Housing Service, USDA; Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

10.405: Farm Labor Housing Loans and Grants
10.427: Rural Rental Assistance Payments

*12. Funding Opportunity Number:

*Title: Notice of Funding Availability (NOFA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal year (FY) 2012

13. Competition Identification Number: N/A

Title:

N/A

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

Coachella, Riverside County, CA

*15. Descriptive Title of Applicant's Project:

Vista Montana Apartments - Phase II (New Multifamily Affordable Housing Project)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA-052 *b. Program/Project: CA-45

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

N/A

17. Proposed Project:

*a. Start Date: January 2014 *b. End Date: January 2015

18. Estimated Funding ($):

*a. Federal	$0.00	
*b. Applicant		
*c. State		See attached
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	$0.00	

***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 9/14/12
☐ 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: Robert

Middle Name:

*Last Name: Laing

Suffix:

*Title: President, Pacific Southwest Community Development Corporation

*Telephone Number: (858) 675-0506 Fax Number: (858) 675-0702

*Email: robertlaing@pswcdc.org

*Signature of Authorized Representative: Date Signed: 9/14/2012

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

*2. Type of Application
- [x] New
- [ ] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

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*3. Date Received:

4. Application 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: California Human Development

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1653023

*c. Organizational DUNS: 060117272

d. Address:

*Street1: 3315 Airway Drive
Street 2:
*City: Santa Rosa
County: Sonoma
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 95403

e. Organizational Unit:

Department Name: Housing Department

Division Name:

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

Prefix: MS.
First Name: Linda
Middle Name: Maria
*Last Name: Hedstrom
Suffix:

Title: Housing & Economic Development Manager

Organizational Affiliation:
California Human Development employee

*Telephone Number: 707-372-4588
Fax Number: 707-523-3776

*Email: linda.hedstrom@cahumand

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Rural Housing Service, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Section 514/516 loan/grant program

*12. Funding Opportunity Number:

*Title: NOFA for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2012.

13. Competition Identification Number:

Title:

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

unincorporated Kelseyville, Lake County, California

*15. Descriptive Title of Applicant's Project:

Aytch Plaza expansion: the addition of 9 multifamily units on a 2-acre site already developed with 11 units of farmworker family housing.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant ONE

*b. Program/Project: ONE

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

17. Proposed Project:

*a. Start Date: April 1, 2013

*b. End Date: December 1, 2013

18. Estimated Funding ($):

*a. Federal	$2,000,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	$99,000.00
*f. Program Income	
*g. TOTAL	$2,099,000.00

***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 10-29-12
☐ 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: Christopher

Midd le N ame:

*Last Name: Paige

Suffix:

*Title: Chief Executive Officer

*Telephone Number: 707-521-4726

Fax Number: 707-523-3776

*Email: chris.paige@cahumandevelopment.org

*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:
- ☒ 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:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED
OCT 31 2012
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*a. Legal Name: South County Housing Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2590572

*c. Organizational DUNS: 09-854-2202

d. Address:

*Street 1: 7455 Carmel Street
Street 2:
*City: Gilroy
County: Santa Clara County
*State: California
Province:
*Country: USA
*Zip / Postal Code 95020

e. Organizational Unit:

Department Name: Real Estate Department

Division Name:

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

Prefix: Mr
*First Name: Seth
Middle Name: T.
*Last Name: Capron
Suffix:

Title: Sr. Project Manager

Organizational Affiliation: South County Housing Full Time Staff Member

*Telephone Number: 408-843-9253
Fax Number: 408-842-0277

*Email: seth@scounty.com

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:**

USDA, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405

CFDA Title:

Farm Labor Housing (Notice of Funds Available for Section 514 Farm Labor Housing Loan)

***12 Funding Opportunity Number:**

N/A

*Title:

Notice of Funds Available for Section 514 Farm Labor Housing Loan for FY 2012

13. Competition Identification Number:

N/A

Title:

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

State: California. County: Monterey. Cities: Soledad, Gonzalez, Chualar, Salinas, Greenfield, and King City.

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

Camphora Apartments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 17th *b. Program/Project: CA-017

17. Proposed Project:

*a. Start Date: 010/01/2013 *b. End Date: 07/30/2014

18. Estimated Funding ($):

*a. Federal	a)	3,566,116
*b. Applicant	b)	642,000
*c. State	c)	4,500,000
*d. Local	d)	950,000
*e. Other	e)	5,593,326
*f. Program Income		
*g. TOTAL	g)	15,251,442

***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 10/29/2012

☐ 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: Dennis

Middle Name:

*Last Name: Lalor

Suffix:

*Title: President / Chief Executive Officer

*Telephone Number: 408-843-9236 Fax Number: 408-842-0277

* Email: dennis@scounty.com

*Signature of Authorized Representative: *Date Signed: 9/29/2012

Authorized for Local Reproduction

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

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[ ] Preapplication	[X] New	
[X] Application	[ ] Continuation	* Other (Specify):
[ ] Changed/Corrected Application	[ ] Revision	

RECEIVED
OCT 31 2012
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
10/31/2012	

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: University Corporation at Monterey Bay

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
77-0387459	0824125300000

d. Address:

* Street1: 100 Campus Center
Street2: Alumni Visitors Center Building 97
* City: Seaside
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93955-8001

e. Organizational Unit:

Department Name:	Division Name:
Science & Environmental Policy	Science, Media Arts & Tech

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

Prefix:
* First Name: Peggy
Middle Name:
* Last Name: Rueda
Suffix:

Title: Sponsored Programs Officer

Organizational Affiliation:

* Telephone Number: 831 582 4577	Fax Number: 831 582 3305

* Email: prueda@csumb.edu

Application for Federal Assistance SF-424

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

S: Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Auxiliary to State University

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.429

CFDA Title:

Marine Sanctuary Program

*** 12. Funding Opportunity Number:**

NOAA-NOS-NMS-2013-2003447

* Title:

Fiscal Year 2013 NOAA California Bay Watershed Education and Training (B-WET) Program

13. Competition Identification Number:

2293089

Title:

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

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

Year 3: Watershed and Climate Science Education for Underserved Youth in the Monterey Bay National Marine Sactuary

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA 017
b. Program/Project: CA 017

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2013
* b. End Date: 08/31/2014

18. Estimated Funding ($):

* a. Federal	53,629.00
* b. Applicant	9,010.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	62,639.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/01/2012.

[ ] 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 in attachment.)**

[ ] Yes [X] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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)**

[X] ** 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: Cynthia
Middle Name:
* Last Name: Lopez
Suffix:

* Title: Sponsored Programs Director

* Telephone Number: 831 582 3089
Fax Number: 831 582 3305

* Email: clopez@csumb.edu

* Signature of Authorized Representative: Cynthia Lopez
* Date Signed: 10/31/2012