Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **September 1st through 15th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED SEP 13 2002 STATE CLEARING HOUSE

2. DATE SUBMITTED: September 11, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE: September 11, 2002	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY: September 11, 2002	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Sacramento County Sheriff's Department

Organizational Unit:

Address (give city, county, State, and zip code): 711 G Street, Sacramento, CA 95814

Name and telephone number of person to be contacted on matters involving this application (give area code): Karen Johnson (916) 874-1625

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000529

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: DOJ / COPS Office / OJP

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

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2002 Technology Assistance Program

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

13. PROPOSED PROJECT

Start Date | Ending Date

14. CONGRESSIONAL DISTRICTS OF: 3, 5, 11

a. Applicant | b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 1,000,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,000,000 .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 9/12/2002

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Lou Blanas	b. Title: Sheriff	c. Telephone Number: (916) 874-8444
d. Signature of Authorized Representative		e. Date Signed: 9-12-02

RECEIVED
SEP 13 2002
STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: South County Economic Devlopment Council

Organizational Unit: SouthCounty EDC

Address (give city, county, State, and zip code): 1111 Bay Boulevard, Suite E, Chula Vista, California 91911

Name and telephone number of person to be contacted on matters involving this application (give area code): Enrique Melgar (619) 424-5143

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 3 - 0 4 4 7 6 6 9

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

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

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

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

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

9. NAME OF FEDERAL AGENCY: DHHS-ACF-OCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 3 - 5 7 0

TITLE: CSBG DISC

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Priority Area 1 Operational Project (OP)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South San DiegoCounty, California

13. PROPOSED PROJECT: Start Date 10/1/02; Ending Date 9/30/05

14. CONGRESSIONAL DISTRICTS OF: a. Applicant Bob Filner 50th District; b. Project 50th District

15. ESTIMATED FUNDING:

a. Federal	$ 500,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 125,000 .00
e. Other	$ 1,875,000 .00
f. Program Income	$ .00
g. TOTAL	$ 2,500,000 .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 9/13/02

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

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

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

a. Type Name of Authorized Representative: Enrique Melgar	b. Title: Chairman	c. Telephone Number: (619) 424-5143
d. Signature of Authorized Representative		e. Date Signed: 9/10/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED 9/9/02 ~~August 30, 2002~~	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Certified Development Corp. of Tulare County

Organizational Unit:

Address *(give city, county, State, and zip code)*: 205 E. San Joaquin, Tulare, CA 93274

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Lisa Hollingshead, President 559-688-6666

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0517214

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-767

TITLE: Intermediary Relending Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Small business Revolving Loan Fund for eligible rural areas of Tulare County, California.

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

Tulare County, except Porterville, Tulare, Visalia.

SEP 12 2002

13. PROPOSED PROJECT

Start Date	Ending Date
4/1/01	3/31/02

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 19, 20, and 21

b. Project: 19, 20 and 21

15. ESTIMATED FUNDING:

a. Federal	$ 500,000.00
b. Applicant	$ 125,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 625,000.00

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 ~~08/30/02~~ 9/9/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Lisa Hollingshead	President	(559) 688-8888
d. Signature of Authorized Representative: Lisa Hollingshead		e. Date Signed: 8/27/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: September 9, 2002

Applicant Identifier:

1. TYPE OF SUBMISSION:

Application: [ ] Construction [x] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier: EMP-2003-GR-

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5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit: Governor's Office of Emergency Services

Address (give city, county, state, and zip code): P. O. Box 419047, Rancho Cordova, CA 95741-9047

Name and telephone number of person to be contacted on matters involving this application (give area code): Yvonne Fields (916) 845-8305

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0276801

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

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

8. TYPE OF APPLICATION:

[x] New [ ] Continuation [ ] Revision

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

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

9. NAME OF FEDERAL AGENCY: FEMA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 83-552

TITLE: EMPG

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

13. PROPOSED PROJECT:

Start Date: 10/01/02

Ending Date: 9/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 9,932,877.00	.00
b. Applicant	$	.00
c. State	$ 5,390,419.00	.00
d. Local	$ 4,542,458.00	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$ 19,865,754.00	.00

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

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

DATE: September 9, 2002

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

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

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

a. Type Name of Authorized Representative: Dallas Jones

b. Title: Director

c. Telephone Number: (916) 845-8500

d. Signature of Authorized Representative: Dallas Jones

e. Date Signed: 9/9/02

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Standard Form 424 (REV. 4-92)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: June 3, 2002

Applicant Identifier

RECEIVED SEP 12 2002 STATE CLEARING HOUSE

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: City of Turlock

Organizational Unit:

Address (give city, county, state, and zip code): City of Turlock, 156 South Broadway, Suite 230, County of Stanislaus, Turlock, California 95380

Name and telephone number of the person to be contracted on matters involving this application (give area code): Steven H. Kyte, City Manager, 209-668-5540

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

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

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

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

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

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

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6

TITLE: Airport Improvement Program (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Taxiway Rehabilitation and Drainage, Apron Rehabilitation and Drainage (Phase I), and Fire Protection

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Turlock and those areas of Stanislaus and Merced Counties served by the Airport.

13. PROPOSED PROJECT

Start Date	Ending Date
07/01/02	12/31/03

14. CONGRESSIONAL DISTRICTS OF

a. Applicant: 18th Congressional, City of Turlock, Stanislaus County

b. Project: 18th Congressional, Turlock Municipal Airport, Merced County

15. ESTIMATED FUNDING

a. Federal	$	1,293,750 .00
b. Applicant	$	79,062 .00
c. State	$	64,688 .00
d. Local	$	.
e. Other	$	.
f. Program income	$	.
g. TOTAL	$	1,437,500 .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: June 3, 2002

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 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: Steven H. Kyte

b. Title: City Manager

c. Telephone number: 209-668-5540

d. Signature of Authorized Representative

e. Date Signed: 6/05/02

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
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APPLICATION FOR
FEDERAL ASSISTANCE

REVISED

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:

Application: |___| Construction |X| Nonconstruction

Preapplication: |___| Construction |___| Nonconstruction

2. Date Submitted | Applicant Identifier

3. Date Received by State | State Application Identifier

4. Date Rec'd by Fed Agency | Federal Identifier

RECEIVED SEP 12 2002 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: State Water Resources Control Board

Organizational Unit: Division of Water Quality

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

State Water Resources Control Board
1001 I Street
Sacramento County
Sacramento, CA 95814

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

James Maughan
(916) 341-5522

6. EMPLOYER IDENTIFICATION NUMBER (EIN): |6|8|--|0|2|8|1|9|8|6|

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

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

8. TYPE OF APPLICATION:

|X| New |___| Continuation |___| Revision

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

A. Increase Award B. Decrease Award

C. Increase Duration D. Decrease Duration

Other (Specify) _____

9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER |6|6|-|4|1|9|

TITLE: Water Pollution Control_State and Interstate Program Support

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

To establish and maintain adequate measures for prevention and control of surface and ground water pollution.

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

California

13. PROPOSED PROJECT

Start Date	Ending Date
7/1/02	6/30/03

14. CONGRESSIONAL DISTRICT OF:

a. Applicant	b. Project
3	California--All

15. ESTIMATED FUNDING

a. Federal	$ 10,482,600.00
b. Applicant	$ .00
c. State	$ 4,152,969.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 14,635,569.00

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: May 8, 2002

b. NO: |___| Program is not covered by EO 12372.

|___| Or program has not been selected by state for review.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

|___| 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: Celeste Cantú

b. Title: Executive Director

c. Telephone Number: (916) 341-5615

d. Signature of Authorized Representative

e. Date Signed

Previous Editions Not Usable

Standard Form 424 (Rev 7-97)
Prescribed by OMB Circular A-012

AUTHORIZED FOR LOCAL REPRODUCTION

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction; Preapplication ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 03/29/02	Applic... identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Turlock

Organizational Unit: Municipal Services

Address *(give city, county, state and zip code)*:
City Hall
156 South Broadway
Turlock, CA 95380

Name and telephone number of the person to be contacted on matters involving this application *(give area code)*:
Carla McLaughlin
(209)668-5599 ext. 4409

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

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

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

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

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

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

9. NAME OF FEDERAL AGENCY:
National Park Service – Pacific West Region

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 5 - 9 1 9

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Remove existing wading pool that was built back in 1947. The wading pool is non-compliant with ADA, it has several leaks and is in very poor condition. We will replace the wading pool with a new Spray Water Feature for the children of this low income neighborhood that will be ADA compliant.

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

13. PROPOSED PROJECT:

Start Date:	Ending Date:
09/26/02	09/26/05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
18	18

15. ESTIMATED FUNDING:

a. Federal	$ 119,068.50
b. Applicant	$
c. State	$ 16,894.50
d. Local	$
e. Other	$ 10,000.00
f. Program Income	$
g. TOTAL	$ 145,963.00

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 PROCESSS FOR REVIEW ON:

DATE ____At full application

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

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

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

a. Typed Name of Authorized Representative:	b. Title:	c. Telephone Number:
Steven H. Kyte	City Manager	(209)668-5542 ext. 1101

d. Signature of Authorized Representative:

e. Date Signed: 8/28/02

RECEIVED
SEP 11 2002
STATE CLEARING HOUSE

Previous Edition Usable
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Standard Form 424 (REV 4-92)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

REVISED

RECEIVED SEP 11 2002 STATE CLEARINGHOUSE

2. Date Submitted

Applicant Identifier

1. TYPE OF SUBMISSION:

Application: |__| Construction |X| Nonconstruction

Preapplication: |__| Construction |__| Nonconstruction

3. Date Received by State

State Application Identifier

4. Date Rec'd by Fed Agency

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State Water Resources Control Board

Organizational Unit: Division of Water Quality

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

State Water Resources Control Board
1001 I Street
Sacramento County
Sacramento, CA 95814

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

James Maughan
(916) 341-5522

6. EMPLOYER IDENTIFICATION NUMBER (EIN): |6|8|-|0|2|8|1|9|8|6|

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

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

8. TYPE OF APPLICATION:

|X| New |__| Continuation |__| Revision

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

A. Increase Award B. Decrease Award

C. Increase Duration D. Decrease Duration

Other (Specify) _____

9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER |6|6|-|4|6|3|

TITLE: Water Quality Cooperative Agreements

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Develop and implement ways to eliminate water pollution.

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

California

13. PROPOSED PROJECT

Start Date	Ending Date
7/1/02	6/30/03

14. CONGRESSIONAL DISTRICT OF:

a. Applicant	b. Project
3	California--All

15. ESTIMATED FUNDING

a. Federal	$ 750,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ 410,000.00
f. Program Income	$ .00
g. TOTAL	$ 1,160,000.00

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: May 7, 2002

b. NO: |__| Program is not covered by EO 12372.

|__| Or program has not been selected by state for review.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

|__| 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
Celeste Cantú	Executive Director	(916) 341-5615

d. Signature of Authorized Representative

e. Date Signed

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AUTHORIZED FOR LOCAL REPRODUCTION

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: June 7, 2002

Applicant Identifier:

RECEIVED SEP 11 2002 STATE CLEARING HOUSE

3. DATE RECEIVED BY STATE:

Date Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Colusa

Organizational Unit: Colusa County Airport

Address (give city, county, state, and zip code): 100 Sunrise Boulevard, Suite F, County of Colusa, Colusa, California 95832

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

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

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

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

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Environmental Assessment for 5-year Airport Capital Improvement Program Projects

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

13. PROPOSED PROJECT

Start Date	Ending Date
9/1/2	8/31/3

14. CONGRESSIONAL DISTRICTS OF

a. Applicant: Douglas Ose 3rd Congressional District

b. Project: Douglas Ose 3rd Congressional District

15. ESTIMATED FUNDING

a. Federal	$	45,000 .00
b. Applicant	$	2,750 .00
c. State	$	2,250 .00
d. Local	$	.00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	50,000 .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: June 7, 2002

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 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: Harry A. Krug

b. Title: Airport Manager

c. Telephone number: 530-458-0580

d. Signature of Authorized Representative: Harry A Krug

e. Date Signed: 9/11/02

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Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICATION INFORMATION

Legal Name: The Regents of the University of California

Organizational Unit: CE-CERT

Address (give city, county, state, and zip code):
University of California, Riverside
Office of Research Affairs
200 University Office Building
Riverside, CA 92521

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

Administrative Contact: Linda L. Bryant, 909-787-5535

Technical Contact: Gail S. Tonnesen, 909-781-5676

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 — 6006142

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

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

8. TYPE OF APPLICATION:

[X] New Continuation Revision

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

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

9. NAME OF FEDERAL AGENCY:
Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.500

TITLE: **2002-STAR-N1, Assessing the Consequences of Global Change for Air Quality**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Assessment of Future Climate Effects on Regional Air Quality Using Coupled Meteorological and Air Quality Simulation Models

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

13. PROPOSED PROJECT:

Start Date	Ending Date

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
CA 43	CA 43

15. ESTIMATED FUNDING:

a. Federal	$900,000
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$900,000

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

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

DATE 9/9/02

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation. No

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Linda L. Bryant	Principal Contract and Grant Analyst	(909) 787-5535

d. Signature of Authorized Representative: Linda L. Bryant

e. Date Signed: 9/9/02

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STATE CLEARING HOUSE

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Non-Construction

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

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID: 03SF026325

4. DATE RECEIVED:

GRANT NUMBER: 02SFPCA016

5. APPLICATION INFORMATION

LEGAL NAME: SENIORS COUNCIL SANTA CRUZ/SAN BENITO

ADDRESS *(give street address, city, state and zip code)*:
234 Santa Cruz Ave
Aptos CA 95003

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION *(give area codes)*:
NAME: Thomas Reefe
TELEPHONE NUMBER: 4084750816x16
FAX NUMBER: 8316881225
INTERNET E-MAIL ADDRESS:

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 942662950

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization

SEP 10 2002

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

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

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011
10b. TITLE: Foster Grandparents

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
TRI-COUNTY CA FGP

12. AREAS AFFECTED BY PROJECT *(List Cities, Counties, States, etc)*:
California- Santa Cruz County, Monterey County, San Benito County -
Santa Cruz, Felton, Live Oak, Soquel, Aptos, Watsonville, Pajaro, Castroville, Holllister, S

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

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	$ 545,168.00
b. APPLICANT	$ 218,592.00
c. STATE	$ 46,208.00
d. LOCAL	$ 172,384.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 763,760.00

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: 06-SEP-02

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

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Thomas Reefe

b. TITLE: PROG. Dcd.

c. TELEPHONE NUMBER: 4084750816x16

d. DATE: 8/6/02

2003

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
Non-Construction

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

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
03SC026343

4. DATE RECEIVED:

GRANT NUMBER:
02NCPCA011

5. APPLICATION INFORMATION

LEGAL NAME: SENIORS COUNCIL SANTA CRUZ/SAN BENITO

ADDRESS *(give street address, city, state and zip code)*:
234 Santa Cruz Ave
Aptos CA 95003

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION *(give area codes)*:
NAME: Thomas Reefe
TELEPHONE NUMBER: 4084750816x16
FAX NUMBER: 8316881225
INTERNET E-MAIL ADDRESS:

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
942662950

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization

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

SEP 10 2002

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. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
TRI-COUNTY SCP

12. AREAS AFFECTED BY PROJECT *(List Cities, Counties, States, etc)*:
California: Counties of Santa Cruz, San Benito, Monterey: Communities of Santa Cruz, Aptos, Salinas, Seaside, Hollister

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

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	$ 1,070.00
b. APPLICANT	$ 219,956.00
c. STATE	$ 184,537.00
d. LOCAL	$ 35,419.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 221,026.00

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

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:
Thomas Reefe

b. TITLE: PROG. DIR.

c. TELEPHONE NUMBER:
4084750816x16

d. DATE: 8/6/02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED August 12, 2002

Applicant Identifier: N/A

3. DATE RECEIVED BY STATE

State Application Identifier: SAI-EXEMPT

4. DATE RECEIVED BY FEDERAL AGENCY 8-15-02

Federal Identifier: 06-01483

1. TYPE OF SUBMISSION:

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

Preapplication
- [ ] Construction
- [ ] Non-Construction

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5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational Unit: California Department of Parks and Recreation

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

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

6. EMPLOYER IDENTIFICATION NUMBER (EIN): [ ][ ] — [ ][ ][ ][ ][ ][ ][ ]

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

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

8. TYPE OF APPLICATION:

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

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 — 9 1 6

TITLE: Outdoor Recreation - Acquisition, Development & Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Lake Webb Campground Development
Kern County Parks and Recreation
1110 Golden State Avenue
Bakersfield, CA 93301

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-77574

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 03

b. Project: 21

15. ESTIMATED FUNDING:

a. Federal	$ 127,573.00
b. Applicant	$ 127,573.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 255,146.00

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 9/5/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes If "Yes," attach an explanation. [ ] No

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

a. Type Name of Authorized Representative: Rusty Areias

b. Title: Director, Parks and Recreation

c. Telephone Number: (916) 653-7423

d. Signature of Authorized Representative: Odel T. King Jr.

e. Date Signed: 8-13-02

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PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
09/06/02

2b. APPLICATION ID:
03SR026312

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

4. DATE RECEIVED:
09/06/02

GRANT NUMBER:
02SRPCA116

5. APPLICATION INFORMATION

LEGAL NAME: N. CA PRESBYTERIAN HOMES & SRVS INC

ADDRESS (give street address, city, state and zip code):
1525 Post St
San Francisco CA 94019

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Maureen T. Mcguinness
TELEPHONE NUMBER: 415-731-3335
FAX NUMBER: 415-731-3337
INTERNET E-MAIL ADDRESS: rsvp4@mindspring.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
941437728

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Faith-based organization

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

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
SAN FRANCISCO RSVP

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
San Francisco City and County

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

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	$ 131,863.00
b. APPLICANT	$ 101,404.00
c. STATE	$ 0.00
d. LOCAL	$ 101,404.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 233,267.00

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: 05-SEP-02

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

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:
Barbara Hood

b. TITLE:
President & CEO

c. TELEPHONE NUMBER:
415-922-0200

d. DATE:
09/06/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: August 13, 2002	Applicant Identifier: N/A
3. DATE RECEIVED BY STATE	State Application Identifier: SAI-EXEMPT
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: 06-01459

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational Unit: California Department of Parks and Recreation

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

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

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

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

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

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

TITLE: Outdoor Recreation - Acquisition, Development & Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Pixie Woods Playground Development

City of Stockton, Dept. of Parks & Recreation
6 East Lindsay Street
Stockton, CA 95202-1997

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-75000

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 03

b. Project: 11

15. ESTIMATED FUNDING:

a. Federal	$ 151,536.00
b. Applicant	$ 151,536.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 303,072.00

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 _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Ruth Coleman	Acting Director, Parks and Recreation	(916) 653-7423

d. Signature of Authorized Representative: Odel T. King Jr.

e. Date Signed: 8-13-02

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: August 12, 2002		Applicant Identifier: N/A
3. DATE RECEIVED BY STATE		State Application Identifier: SAI-EXEMPT
4. DATE RECEIVED BY FEDERAL AGENCY: 8-15-02		Federal Identifier: 06-01466

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational Unit: California Department of Parks and Recreation

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

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

RECEIVED SEP - 9 2002 STATE CLEARING HOUSE

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

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

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

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

TITLE: Outdoor Recreation - Acquisition, Development & Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Creekwood Park Development
City of Modesto
1010 Tenth Street Suite 4400
Modesto, CA 95354

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-48354

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 03 b. Project: 18

15. ESTIMATED FUNDING:

a. Federal	$ 36,531.00
b. Applicant	$ 36,531.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 73,062.00

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 9/9/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Ruth Coleman	Acting Director, Parks and Recreation	(916) 653-7423

d. Signature of Authorized Representative: Odell T. King Jr. e. Date Signed: 8-15-02

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION *Application* ☐ Construction ☒ Non Construction *Preapplication* ☐ Construction ☒ Non-Construction		2. DATE SUBMITTED	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A

5. APPLICANT INFORMATION

Legal Name: Santa Ana, City of

Organizational Unit:

Address *(give city, county, state, and zip code)*:
60 Civic Center Plaza
Santa Ana, CA 92702

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Name: Anthony Bertagna
Phone: 7142458029

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
956000785

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

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

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

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

9. NAME OF FEDERAL AGENCY:
Department of Justice
Office of Community Oriented Policing Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 6 . 7 1 0
TITLE: 2002 Technology Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Technology Grant/Crime Analysis Project

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
City of Santa Ana

13. PROPOSED PROJECT:

Start Date	Ending Date
10/01/2001	9/30/2002

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

15. ESTIMATED FUNDING:

a. Federal	$ 500000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON.
yes
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. Typed Name of Authorized Representative Paul M. Walters	b. Title Chief of Police	c. Telephone number (714) 245-8001
d. Signature of Authorized Representative		e. Date Signed 8/6/02

RECEIVED
SEP - 9 - 2002
STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier N/A	
3. DATE RECEIVED BY STATE	State Applicant Identifier N/A	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A	

1. TYPE OF SUBMISSION

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

5. APPLICANT INFORMATION

Legal Name: Santa Ana, City of

Organizational Unit:

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

60 Civic Center Plaza

Santa Ana, CA 92702

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

Name: Anthony Bertagna

Phone: 7142458029

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

956000785

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

Department of Justice

Office of Community Oriented Policing Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 6 . 7 1 0

TITLE: 2002 Technology Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Technology Grant/Crime Analysis Project

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

City of Santa Ana

13. PROPOSED PROJECT:

Start Date	Ending Date
10/01/2001	9/30/2002

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 500000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .00

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

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

DATE _____

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation ☒ 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
Paul M. Walters	Chief of Police	(714) 245-8001

d. Signature of Authorized Representative

e. Date Signed

RECEIVED SEP 9 2002 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: August 12, 2002	Applicant Identifier: N/A
3. DATE RECEIVED BY STATE	State Application Identifier: SAI-EXEMPT
4. DATE RECEIVED BY FEDERAL AGENCY: 9/12/02	Federal Identifier: 06-01463

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational Unit: California Department of Parks and Recreation

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

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

RECEIVED SEP - 9 2002 STATE CLEARING HOUSE

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

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

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

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

TITLE: Outdoor Recreation - Acquisition, Development & Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Clarkson/12th Ave Park Dev
City of Kingsburg
1401 Draper Street
Kingsburg, CA 93631

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-38562

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 03

b. Project: 20th

15. ESTIMATED FUNDING:

a. Federal	$ 87,855.00
b. Applicant	$ 87,855.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 175,710.00

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 9/9/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Ruth Coleman	Acting Director, Parks and Recreation	(916) 653-7423

d. Signature of Authorized Representative: Odel T. King Jr.

e. Date Signed: 8-13-02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: August 12, 2002	Applicant Identifier: N/A
3. DATE RECEIVED BY STATE	State Application Identifier: SAI-EXEMPT
4. DATE RECEIVED BY FEDERAL AGENCY: 8-15-02	Federal Identifier: 06-01490

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational Unit: California Department of Parks and Recreation

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

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

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

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 — 9 1 6

TITLE: Outdoor Recreation - Acquisition, Development & Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Cottonwood Park Development
City of Loma Linda
Department of Public works
25541 Barton Road
Loma Linda, CA 92354

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-42370

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 03

b. Project: 40

15. ESTIMATED FUNDING:

a. Federal	$ 35,772.00
b. Applicant	$ 35,772.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 71,544.00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Rusty Areias	b. Title: Director, Parks and Recreation	c. Telephone Number: (916) 653-7423
d. Signature of Authorized Representative: Odel T King Jr		e. Date Signed: 8-13-02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: August 12, 2002	Applicant Identifier: N/A
3. DATE RECEIVED BY STATE	State Application Identifier: SAI-EXEMPT
4. DATE RECEIVED BY FEDERAL AGENCY: 9-15-02	Federal Identifier: 06-01486

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational Unit: California Department of Parks and Recreation

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

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

RECEIVED SEP - 6 2002 STATE CLEARING HOUSE

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

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 — 9 1 6

TITLE: Outdoor Recreation - Acquisition, Development & Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Miles Park Picnic Area Development
City of Indio
100 Civic Center Mall
Indio, CA 92201

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-36448

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 03
b. Project: 44

15. ESTIMATED FUNDING:

a. Federal	$ 76,573.00
b. Applicant	$ 76,573.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 153,146.00

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 9-5-02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Ruth Coleman	b. Title: Acting Director, Parks and Recreation	c. Telephone Number: (916) 653-7423
d. Signature of Authorized Representative: Odel T. King Jr.		e. Date Signed: 8-15-02

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: V H M W Co. INC

Organizational Unit:

Address (give city, county, state, and zip code):
5423 CAMPBELL RD
LOMPOC, CA. 93436
SANTA BARBARA COUNTY

Name and telephone number of person to be contacted on matters involving this application (give area code)
DEAN V. MILLIGAN (PRES)
(805) 737 4074

6. EMPLOYER IDENTIFICATION (EIN): 23-7431204

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

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

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

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

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

SEP - 5 2002
STATE CLE

9. NAME OF FEDERAL AGENCY:
U.S.D.A. R.D.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.760

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
CONSTRUCT NEW WATER WELL CONNECT TO EXISTING SYSTEM

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
SANTA BARBARA CO., CA.

13. PROPOSED PROJECT

Start Date	Ending Date
12/02	12/02

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: DISTRICT #22

b. Project: SAME

15. ESTIMATED FUNDING

a. Federal	$ 325,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. Total	$ 325,000 .00

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

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

DATE

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES (Attach explanation) [✓] NO

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

a. Type Name of Authorized Representative: DEAN V. MILLIGAN	b. Title: PRES. V.H.M.W.C, INC	c. Telephone Number: (805) 737 4074
d. Signature of Authorized Representative: Dean V. Milligan		e. Date Signed: 8/14/02

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STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

UDS Number: 098150

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: ☐ Construction ☑ Non-Construction; Preapplication: ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Applicationt Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: H80CS001· MCIP

5. APPLICANT INFORMATION

Legal Name: SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.

Organizational Unit: DIVISION OF HOSPITALS AND CLINICS

Address (give city, county, state, and zip code): 1798 - A Bay Road, East Palo Alto CA 94303-1164

Name and telephone number of the person to be contacted on matters involving this: Robert Lewis Executive Director, 650-330-7410

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 1943372130A1

7. TYPE OF APPLICANT: *(enter apprpriate letter in box)* [N]

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual

Other: Private Non-Profit *(Specify)*

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: HHS, BPHC

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: COMMUNITY HEALTH CENTERS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

South County Community Health Center, Inc. (SCCHC)

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

East Palo Alto, N Fair Oaks, Belle Haven, E Redwood City

13. PROPOSED PROJECT:

Start Date	Ending Date
12/01/2002	11/30/2004

14. CONGRESSIONAL DISTRICTS O

a. Applicant	b. Project
14	14

15. ESTIMATED FUNDING:

a. Federal	$1,963,083.00
b. Applicant	$0.00
c. State	$0.00
d. Local	$0.00
e. Other	$121,610.00
f. Program Income	$875,737.00
g. TOTAL	$2,960,430.00

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

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

DATE 08/01/2002

b. NO. [V] PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes", attach an explanatio [V] 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 ASSISTACE IS AWARDED.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Robert Lewis	Executive Director	650-330-7410
d. Signature of Authorized Representative: Robert Lewis		e. Date Signed: 09/04/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☐ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Artois Community Services District

Organizational Unit: Water System

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

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

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68 — ☐☐☐☐☐☐☐

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

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

TITLE: Water & Waste Dispsal Loans and Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
New well pressure tank, Natural Gas generator, fittings.

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

13. PROPOSED PROJECT

Start Date	Ending Date
5/03	8/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

15. ESTIMATED FUNDING:

a. Federal Loan Grant	$ $180,000 .00
b. Applicant	$ $20,000 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 200,000 .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 8/15/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Jack Cavier Jr.	Chairman	(530) 934-5654

d. Signature of Authorized Representative

e. Date Signed

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

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1. TYPE OF SUBMISSION:

Application: [X] 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: CITY OF AVENAL

Organizational Unit:

Address (give city, county, state, and zip code):
CITY OF AVENAL
919 Skyline Blvd.
Avenal, CA 93204

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

6. EMPLOYER IDENTIFICATION (EIN): 94-2608273

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

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

8. TYPE OF APPLICATION:

[X] New [ ] Continuation [ ] Revision

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

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

9. NAME OF FEDERAL AGENCY:
United States
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.300

TITLE: Public Works

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
CITY OF AVENAL
OASIS BUSINESS PARK PROJECT

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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
City of Avenal, Kings County, California

13. PROPOSED PROJECT

Start Date: 7/2002
Ending Date: 4/2003

14. CONGRESSIONAL DISTRICTS OF: Calvin Dooley, 20th Congressional Dist.

a. Applicant: 20th Congressional Dist.
b. Project: 20th Congressional Dist.

15. ESTIMATED FUNDING

a. Federal	$ 3,135,960	.00
b. Applicant	$ 784,040	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. Total	$ 3,920,000	.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 April 2002

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372

[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] YES (Attach explanation) [X] NO

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

a. Type Name of Authorized Representative: Melissa G. Whitten

b. Title: City Manager

c. Telephone Number: 559 386-5766

d. Signature of Authorized Representative: Melissa G. Whitten

e. Date Signed: April 29, 2002

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6-15-02

Kings County Association of Governments
Kings County Government Center ❖ 1400 W. Lacey Boulevard ❖ Hanford, California 93230
☎ (559) 582-3211 extension 2670 FAX (559) 584-8989
Web Site: www.countyofkings.com/kcag/

Member Agencies: Cities of Avenal, Corcoran, Hanford and Lemoore, County of Kings

August 29, 2002

Melissa G. Whitten, City Manager
City of Avenal
919 Skyline Boulevard
Avenal, CA 93204

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Re: Areawide Planning Review #02-05
Oasis Business Industrial Park Project

Dear Ms. Whitten:

The Kings County Association of Governments (KCAG) has reviewed your proposal for federal funding assistance from the Economic Development Administration. In accordance with Office of Management and Budget Executive Order 12372, KCAG, as the areawide planning organization and clearinghouse, has coordinated local review of your proposal.

The following agencies commented that the project does not duplicate or conflict with any of their programs: Kings County Public Works Department; Kings County District Attorney's Office; Kings County Ag Commissioner/Sealer; Kings County Health Department; City of Hanford Planning Department; City of Hanford Fire Department; Caltrans, District 6 Office; Housing Authority of Kings County; and Proteus, Inc.

The Kings County Association of Governments (KCAG) staff comments that the project does not unnecessarily conflict with any County programs, is timely, and should be undertaken now. The Kings County Association of Governments Commission's comments include and ratify those of its staff and other reviewers regarding Areawide Planning Review #02-05.

Thank you for the opportunity to review and comment on your project. We would appreciate being notified by your funding agency if the application is successful. Please feel free to contact me if you have any questions at (559) 582-3211 ext. 2677.

Sincerely,

KINGS COUNTY ASSOCIATION OF GOVERNMENTS
William R. Zumwalt, Executive Director

Rick J. Williams, Planner II

cc: Sheila Brown, State Clearinghouse, Office of Planning & Research

UDS Number: 093190

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Applicationt Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier H80CS002: MCIP

1. TYPE OF SUBMISSION:

Application	Preapplication
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: TIBURCIO VASQUEZ HEALTH CENTER, INC.

Organizational Unit:

Address (give city, county, state, and zip code)
33255 9TH STREET
UNION CITY CA 945872137

Name and telephone number of the person to be contacted on matters involving this
Jose Joel Garcia Chief Executive Officer
(510)471-5907

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 1237118361A1

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
H. Independent School Dist..
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
Other: Public Non-Profit *(Specify)*

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: HHS, BPHC

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

	BPHC

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT
Ambulatory Primary Care System Budget Renewal

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.):*
Hayward, Fremont Union City, Newark and Alameda County

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13. PROPOSED PROJECT:

Start Date	Ending Date
01/01/2003	12/31/2003

14. CONGRESSIONAL DISTRICTS O

a. Applicant	b. Project
10	10

15. ESTIMATED FUNDING:

a. Federal	$796,027.00
b. Applicant	$0.00
c. State	$1,655,555.00
d. Local	$2,347,800.00
e. Other	$1,335,218.00
f. Program Income	$4,588,100.00
g. TOTAL	$10,722,700.00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 09/01/2002

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

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes", attach an explanatio ☑ 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 ASSISTACE IS AWARDED.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Jose Joel Garcia	Chief Executive Officer	(510)471-5907
d. Signature of Authorized Represetative		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

5. APPLICANT INFORMATION

Legal Name: Yosemite West Maintenance District

Organizational Unit: Special District

Address *(give city, county, state, and zip code)*:
4639 Ben Hur Road
Mariposa, CA 95338

Name and telephone number of the person to be contacted on matters involving this application *(give area code)*
James J. Petropulos
(209) 966-5356

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 0 8 8 0

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐.☐☐☐

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Yosemite West Wastewater Facility

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

13. PROPOSED PROJECT:

Start Date	Ending Date
8/1/02	10/31/03

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

15. ESTIMATED FUNDING:

a Federal	$ 3,767,000	.00
b Applicant	$	.00
c State	$	.00
d Local	$	.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$ 3,767,000	.00

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

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

DATE _____

b NO ☒ PROGRAM IS NOT COVERED BY E O 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a Typed Name of Authorized Representative: James J. Petropulos	b Title: Director	c Telephone number: (209) 966-5356
d Signature of Authorized Representative		e Date Signed

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED August 23, 2002		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☐ Non-Construction

Preapplication
- ☑ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Ventura County Community College District

Organizational Unit: Ventura College

Address *(give city, county, State, and zip code)*:
333 Skyway Drive
Camarillo, CA 93010

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Bill Thieman - (805) 648-8954

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95 — 2224338

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) Public College

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Commerce, Economic Dev. Admin.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11 — 300

TITLE: Public Works Grant, PW and ED Act 1965 (PL89-136)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
VENTURA COLLEGE HYDROPONIC, GREENHOUSE AND BIO-FERMENTATION PROJECT
Project combines skills development in high technology agriculture/biotechnology (ag-biotech fermentation) with research and job creation

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Ventura County, Cities of Oxnard, Santa Paula, Fillmore, Ventura

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13. PROPOSED PROJECT

Start Date	Ending Date
10/1/03	9/30/05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 23rd - Elton Gallegly

b. Project: 23rd - Elton Gallegly / 24th - Brad Sherman

15. ESTIMATED FUNDING:

a. Federal	$ 1,550,000.00
b. Applicant	$ 1,550,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 3,100,000.00

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 08/30/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Larry A. Calderon	President, Ventura College	(805) 654-6460
d. Signature of Authorized Representative	8/29/02	e. Date Signed

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
07/11/02

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
03SR024317

4. DATE RECEIVED:
07/11/02

GRANT NUMBER:

5. APPLICATION INFORMATION

LEGAL NAME: WISE SENIOR SERVICES

ADDRESS *(give street address, city, state and zip code)*:
1527 Fourth St
PO Box 769
Santa Monica CA 90406

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION *(give area codes)*:
NAME: Melodye Kleinman
TELEPHONE NUMBER: 3103949871x450
FAX NUMBER: 3103940866
INTERNET E-MAIL ADDRESS:

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
952788014

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization

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

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
SANTA MONICA/WISE RSVP

12. AREAS AFFECTED BY PROJECT *(List Cities, Counties, States, etc)*:
Santa Monica, West Los Angeles, Venice, Palms, Mar Vista, Beverly Hills, Pacific Palisades, Malibu

13. PROPOSED PROJECT: START DATE: 10/01/02 END DATE: 09/30/05

14. PERFORMANCE PERIOD: START DATE: 10/01/02 END DATE: 09/30/05

15. ESTIMATED FUNDING:

a. FEDERAL	$ 102,435.00
b. APPLICANT	$ 148,852.00
c. STATE	$ 30,750.00
d. LOCAL	$ 85,550.00
e. OTHER	$ 32,552.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 251,287.00

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: 01-OCT-02

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

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:
Melodye Kleinman

b. TITLE:
RSVP Project Director

c. TELEPHONE NUMBER:
3103949871x450

d. DATE:
07/11/02