

Federal Grant Applications

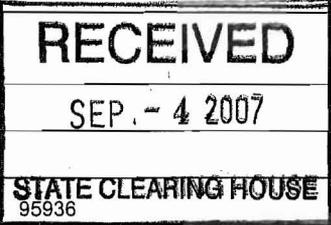
The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information 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**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 8/30/07	Applicant Identifier
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: County of Sierra		Department: Planning and Transportation	
Organizational DUNS: 04-048-2804		Division: Sierra Brooks Water System	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: P.O. Box 98		Prefix: Mr. First Name: Keith	
City: Downieville		Middle Name S.	
County: Sierra		Last Name Knibb	
State: CA Zip Code: 95936		Suffix:	
Country: U.S.A.		Email: ksk.sauers@jps.net	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000536	Phone Number (give area code) (530) 265-8021	Fax Number (give area code) (530) 265-6834
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)
Other (specify)	9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sierra Brooks Water System Improvements
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sierra Brooks Subdivision, Sierra County	

13. PROPOSED PROJECT Start Date: April 2008 Ending Date: October 2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 04 b. Project 04
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 2,435,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/30/07
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 2,435,000.00	

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

a. Authorized Representative

Prefix Mr.	First Name Keith	Middle Name S.
Last Name Knibb		Suffix
b. Title Project Engineer		c. Telephone Number (give area code) (530) 265-8021
d. Signature of Authorized Representative <i>Keith Knibb</i>		e. Date Signed 8/30/07

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 10011 Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68-0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.419 Title: Water Pollution Control State and Interstate Program Support		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: To establish and maintain adequate measures for prevention and control of surface and ground water pollution in California.	
13. Proposed Project: Start Date 10/1/2007 End Date 12/31/2008		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$2,607,202 b. Applicant \$0 c. State \$1,802,880 d. Local \$0 e. Other - USEPA "In-Kind" St \$1,899,998 f. Program Income \$0 g. TOTAL \$6,310,080		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: September 4, 2007 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Dorothy Rice	b. Title: Executive Director	c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed: September 7, 2007	

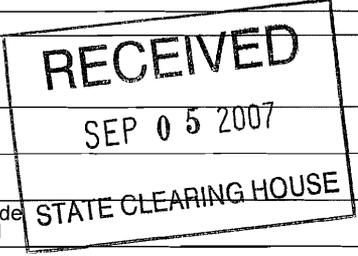
RECEIVED
 SEP - 4 2007
 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED August 22, 2007	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Community Housing Improvement Systems and Planning Association, Inc.	Organizational Unit: Department: N/A
Organizational DUNS: 012986949	Division: N/A
Address: Street: 295 Main Street, Suite 100 City: Salinas County: Monterey State: CA Zip Code: 93901	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Maria Middle Name: Elena Last Name: Ortega Reich Suffix:
Country: United States	Email: marlar@chispahousing.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-2631608

Phone Number (give area code) (831) 757-6251 ext. 122	Fax Number (give area code) (831) 757-6268
--	---

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)

0-Not for Profit
 Other (specify)

9. NAME OF FEDERAL AGENCY:
 USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-420

TITLE (Name of Program):
 USDA Rural Development-Section 523 Self-Help Housing

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Application for USDA Rural Development 523 Technical Assistance grant funds. Mutual Self-Help Housing Program

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

Monterey County (Salinas, Gonzales, Soledad, Greenfield, King City)

13. PROPOSED PROJECT

Start Date: October 2008
 Ending Date: September 2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 17th District-California
 b. Project: 17th District-California

15. ESTIMATED FUNDING:

a. Federal	\$	497,490.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	497,490.00

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: Alfred	Middle Name
Last Name: Diaz-Infante		Suffix
b. Title: President/CEO		c. Telephone Number (give area code): (831) 757-6251
d. Signature of Authorized Representative: <i>Alfred G. Infante</i>		e. Date Signed: 8/24/07

X

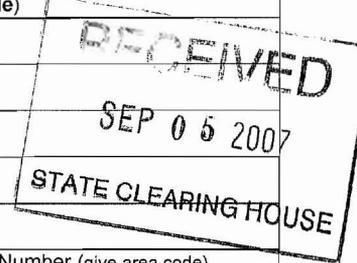
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED August 22, 2007	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Community Housing Improvement Systems and Planning Association, Inc.	Organizational Unit: Department: N/A
Organizational DUNS: 012986949	Division: N/A
Address: Street: 295 Main Street, Suite 100	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Maria
City: Salinas	Middle Name Elena
County: Monterey	Last Name Ortega Reich
State: CA Zip Code 93901	Suffix:
Country: United States	Email: mariar@chispahousing.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-2631608

Phone Number (give area code) (831) 757-6251 ext. 122	Fax Number (give area code) (831) 757-6268
--	---

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)
 0-Not for Profit
 Other (specify) _____

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 10-420

TITLE (Name of Program):
 USDA Rural Development-Section 523 Self-Help Housing

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Application for USDA Rural Development 523 Technical Assistance grant funds. Mutual Self-Help Housing Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Monterey County (Salinas, Gonzales, Soledad, Greenfield, King City)

13. PROPOSED PROJECT
 Start Date: October 2008 Ending Date: September 2009

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: 17th District-California b. Project: 17th District-California

15. ESTIMATED FUNDING:

a. Federal	\$	298,495 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	298,495 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 Alfred	Middle Name
Last Name Diaz-Infante		Suffix
b. Title President/CEO		c. Telephone Number (give area code) (831) 757-6251
d. Signature of Authorized Representative <i>Alfred Diaz-Infante</i>		e. Date Signed 8/24/07

Previous Edition Usable
 Authorized for Local Reproduction

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:

8. APPLICANT INFORMATION:

*a. Legal Name: Self-Help Enterprises

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

94-1592676

*c. Organizational DUNS:

056179906

d. Address:

*Street 1: 8445 Elowin Court, P.O. Box 6520

Street 2: _____

*City: Visalia

County: Tulare

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code 93290-6520



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: Thomas

Middle Name: Jarrett

*Last Name: Collishaw

Suffix: _____

Title: Vice-President

Organizational Affiliation:

staff member

*Telephone Number: (559) 651-1000 extension 620

Fax Number: (559) 651-3634

*Email: tomc@selfhelpenterprises.org

Application for Federal Assistance SF-424

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development - Rural Housing Services

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

10-420

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Fresno, Kern, Kings, Merced, Madera, Mariposa, Stanislaus and Tulare counties

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

Self-help housing program - acting as agent for low and very-low income households, Self-Help Enterprises will assist those participants in building 197.00 equivalent housing units using the mutual self-help process. Self-Help Enterprises will secure the land, recruit the applicants, package loan applications, and provide guidance with construction activities.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: California 21

*b. Program/Project: California 18, 19, 20, 21, 22

17. Proposed Project:

*a. Start Date: January 1, 2008

*b. End Date: December 31, 2009

18. Estimated Funding (\$):

*a. Federal	_____	\$4,907,305
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$4,907,305

AT THIS TIME,
SELF-HELP ENTERPRISES IS
SUBMITTING A REQUEST FOR
OBLIGATIONS OF FUNDS
FOR 60% OF THE GRANT
AMOUNT.



***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 8/22/07
- 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: Peter _____
Middle Name: Nugent _____
*Last Name: Carey _____
Suffix: _____

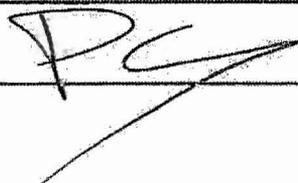
*Title: President/CEO

*Telephone Number: (559) 651-1000 extension 600

Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative:



*Date Signed: August 29, 2007

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**
2. DATE SUBMITTED

09/06/2007

Applicant Identifier**3. DATE RECEIVED BY STATE****State Application Identifier****1. * TYPE OF SUBMISSION**
 Pre-application Application
 Changed/Corrected Application
4. Federal Identifier**5. APPLICANT INFORMATION**

* Organizational DUNS: 124726725

* Legal Name: The Regents of the University of California

Department: Sponsored Projects Office

Division:

* Street1: 2150 Shattuck Ave. Suite 313

Street2:

* City: Berkeley

County: Alameda

* State: CA: Califon

Province:

* Country: UNITED ST

* ZIP / Postal Code: 94704-5940

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Patricia

Gates

* Phone Number: (510)642-8109

Fax Number: (510)642-8236

Email: SPO_grants_gov@lists.berkeley.edu

8. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

04-6002123

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: New
 Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):**9. * NAME OF FEDERAL AGENCY:**

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

* Is this application being submitted to other agencies? Yes No

What other Agencies?

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Proposal to Measure High Energy Neutrinos in Coincidence with Gamma-Ray Bursts

RECEIVED

SEP 06 2007

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

Berkeley, Alameda, CA

STATE CLEARING HOUSE

13. PROPOSED PROJECT:

* Start Date

* Ending Date

10/01/2007

09/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-009

CA-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Henry

Crawford

Position/Title: Research IV

* Organization Name: The Regents of the University of California

Department: Space Sciences Laboratory

Division:

* Street1: LBL Bldg 50/245

Street2:

* City: Berkeley

County: Alameda

* State: CA: Califon

Province:

* Country: UNITED ST

* ZIP / Postal Code: 94720-7450

* Phone Number: (510)486-6962

Fax Number: (510)486-7379

* Email: hjcrawford@lbl.gov

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>16. ESTIMATED PROJECT FUNDING</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. * Total Estimated Project Funding</td> <td>1,957,000.00</td> </tr> <tr> <td>b. * Total Federal & Non-Federal Funds</td> <td>1,957,000.00</td> </tr> <tr> <td>c. * Estimated Program Income</td> <td>0.00</td> </tr> </table>	a. * Total Estimated Project Funding	1,957,000.00	b. * Total Federal & Non-Federal Funds	1,957,000.00	c. * Estimated Program Income	0.00	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: 09/06/2007</p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372: OR</p> <p><input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
a. * Total Estimated Project Funding	1,957,000.00						
b. * Total Federal & Non-Federal Funds	1,957,000.00						
c. * Estimated Program Income	0.00						

18. 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 18, 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.

19. Authorized Representative

Prefix:	* First Name: Patricia	Middle Name:	* Last Name: Gates	Suffix:	
* Position/Title:	Assistant Director, Federal Projects	* Organization:	The Regents of the University of California		
Department:	Sponsored Projects Office	Division:			
* Street1:	2150 Shattuck Ave. Suite 313	Street2:			
* City:	Berkeley	County:	Alameda	* State:	CA: Califon
Province:		* Country:	UNITED ST.	* ZIP / Postal Code:	94704-5940
* Phone Number:	(510)642-8109	Fax Number:	(510)642-8236	* Email:	SPO_grants_gov@lists.berkeley.edu
* Signature of Authorized Representative			* Date Signed		
Completed on submission to Grants.gov			Completed on submission to Grants.gov		

20. Pre-application Add Attachment

21. Attach an additional list of Project Congressional Districts if needed. Add Attachment

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 13 2007 STATE CLEARING HOUSE </div>
4. Applicant Identifier:		
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name:		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6048236		*c. Organizational DUNS: 84-985-4310
d. Address:		
*Street 1:	<u>8403 Colesville Road</u>	
Street 2:	<u>Suite 1200</u>	
*City:	<u>Silver Spring</u>	
County:	_____	
*State:	<u>Maryland</u>	
Province:	_____	
*Country:	<u>USA</u>	

*Zip / Postal Code	<u>20910-3314</u>	
e. Organizational Unit:		
Department Name: Senior Community Service Employment Program		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Mr.</u>	*First Name: <u>Anthony</u>
Middle Name:	<u>R.</u>	
*Last Name:	<u>Sarmiento</u>	
Suffix:	_____	
Title:	<u>Executive Director</u>	
Organizational Affiliation:		

*Telephone Number:	<u>301-578-8469</u>	Fax Number: <u>301-578-8947</u>
*Email: <u>tsarmiento@ssa-i.org</u>		

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:**

U.S. Department of Labor/Employment and Traingint Administration

11. Catalog of Federal Domestic Assistance Number:

17.235

CFDA Title:

Senior Community Service Employment Program

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

See Attachment III in Part I

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

Promote part-time community service and work based training opportunities for low income individuals age 55 and over and forster self sufficiency.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: Maryland 004 *b. Program/Project: Attached

17. Proposed Project:
*a. Start Date: 07/01/07 *b. End Date: 06/30/08

18. Estimated Funding (\$):

*a. Federal	55,649,618
*b. Applicant	6,183,301
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	61,832,919

***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 09/13/07
 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: Anthony
 Middle Name: R.
 *Last Name: Sarmiento
 Suffix: _____

*Title: Executive Director

*Telephone Number: 301-578-8469 Fax Number: 301-578-8947

* Email: tsarmiento@ssa-i.org

*Signature of Authorized Representative:  *Date Signed: 9/12/07

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	10/07	Applicant Identifier R9#07-431
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1. TYPE OF SUBMISSION Application	Preapplication
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction

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

5. APPLICANT INFORMATION	
Legal Name: Monterey Bay Unified Air Pollution Control District	Organizational Unit: Executive Office

Address (give city, county, state, and zip code):
24580 Silver Cloud Court, Monterey, CA 93940
DUNS# 125-103-275

Name and telephone number of the person to be contacted on matters involving this application (give area code) **Esta Martin, Business Manager**
(831) 647-9418 X 229, emartin@mbuapcd.org

6. EMPLOYER IDENTIFICATION (EIN): **94-2301821**

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **66.001**
TITLE: **Air Pollution Control Program Support(105)**

9. NAME OF FEDERAL AGENCY: **EPA Region IX**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Monterey, Santa Cruz, and San Benito Counties in California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Basin Wide Pollution Program

RECEIVED

SEP 13 2007

STATE CLEARING HOUSE

13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICT OF:

Start Date 10/1/07	End Date 9/30/08	a. Applicant: 16th Congressional District	b. Project Same
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15. Estimated Funding:	
a. Federal	\$ 308,082.00
b. Applicant	\$ 2,137,520.00
c. State	\$ 1,755,791.00
d. Local	\$ 172,013.00
e. Other	\$ 142,752.00
f. Program Income	\$ 0.00
g. TOTAL	\$ 4,516,158.00

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

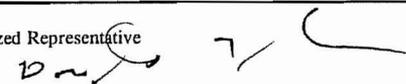
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:
DATE 09/10/07

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. Douglas Quetin	b. Title: Air Pollution Control Officer	c. Telephone Number (831)647-9411
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d. Signature of Authorized Representative 	e. Date Signed 09/10/07
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