

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15, 2009**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424		Version 02												
<table border="0"> <tr> <td>* 1. Type of Submission:</td> <td>* 2. Type of Application:</td> <td>* If Revision, select appropriate letter(s):</td> </tr> <tr> <td><input checked="" type="checkbox"/> Preapplication</td> <td><input checked="" type="checkbox"/> New</td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Application</td> <td><input type="checkbox"/> Continuation</td> <td>* Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Changed/Corrected Application</td> <td><input type="checkbox"/> Revision</td> <td><input type="text"/></td> </tr> </table>			* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="text"/>	<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)	<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):												
<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="text"/>												
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)												
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>												
* 3. Date Received: <input type="text" value="Completed by Grants.gov upon submission."/>		4. Applicant Identifier: <input type="text"/>												
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>												
<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <p align="center">RECEIVED</p> <p align="center">SEP. 2 2009</p> <p align="center">STATE CLEARING HOUSE</p> </div>														
State Use Only:														
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>													
8. APPLICANT INFORMATION:														
* a. Legal Name: <input type="text" value="CITY OF SHAFTER"/>														
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6000795"/>		* c. Organizational DUNS: <input type="text" value="040349144"/>												
* d. Address:														
* Street1:	<input type="text" value="336 PACIFIC AVENUE"/>													
* Street2:	<input type="text"/>													
* City:	<input type="text" value="SHAFTER"/>													
* County:	<input type="text" value="KERN"/>													
* State:	<input type="text" value="CA: California"/>													
* Province:	<input type="text"/>													
* Country:	<input type="text" value="USA: UNITED STATES"/>													
* Zip / Postal Code:	<input type="text" value="93263"/>													
* e. Organizational Unit:														
Department Name: <input type="text" value="PUBLIC WORKS"/>		Division Name: <input type="text"/>												
* f. Name and contact information of person to be contacted on matters involving this application:														
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="MICHAEL"/>												
Middle Name:	<input type="text"/>													
* Last Name:	<input type="text" value="JAMES"/>													
Suffix:	<input type="text" value="P.E."/>													
Title:	<input type="text" value="PUBLIC WORKS DIRECTOR"/>													
Organizational Affiliation: <input type="text" value="CITY OF SHAFTER"/>														
* Telephone Number:	<input type="text" value="661-746-5002"/>	Fax Number: <input type="text" value="661-746-9125"/>												
* Email:	<input type="text" value="MJAMES@SHAFTER.COM"/>													

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

*** Title:**

Economic Development Assistance Programs

13. Competition Identification Number:

01

Title:

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

CITY OF SHAFTER, COUNTY OF KERN, STATE OF CALIFORNIA

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

SEWER AND WATER SYSTEM EXTENSION - EAST SHAFTER LOGISTICAL CENTER

Attach supporting documents as specified in agency instructions.

Add Attachments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,042,704.00"/>
* b. Applicant	<input type="text" value="510,676.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="2,553,380.00"/>

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

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

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: _____	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): <input type="text" value="94-6000300"/>	* c. Organizational DUNS: <input type="text" value="082101346"/>
--	---

d. Address:

* Street 1:	<input type="text" value="3016 Sixth St."/>
Street 2:	<input type="text" value="P.O. Box 307"/>
* City:	<input type="text" value="Biggs"/>
County:	<input type="text" value="Butte"/>
* State:	<input type="text" value="California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="95917"/>



e. Organizational Unit:

Department Name: <input type="text" value="Public Works"/>	Division Name: <input type="text" value="Engineering"/>
---	--

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

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="David"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Swartz"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="(530) 751-0952"/>	Fax Number: <input type="text" value="(530) 751-0953"/>
---	---

* Email:

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

C - City or Township Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS 10-760

* Title:

MBL-SF424 FAMILY - ALL FORMS

Water and Waste Disposal Loan and Grant Program

13. Competition Identification Number:

Title:

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

City of Biggs

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

Waste Water Treatment Plant Rehabilitation to bring the City into permit compliance and update aging infrastructure.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$10,400,000.00"/>
* b. Applicant	<input type="text" value="\$100,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$10,500,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision * If Revision, select appropriate letter(s) A. Increase Award C. Increase Duration *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: CE-96971401
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED SEP - 3 2009 STATE CLEARING HOUSE </div>		
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: Santa Monica Bay Restoration Foundation		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0420271		*c. Organizational DUNS: 036252018
d. Address:		
*Street 1:	320 W. 4 th St., Suite 200	
Street 2:	_____	
*City:	Los Angeles	
County:	Los Angeles	
*State:	CA	
Province:	_____	
*Country:	U.S.A	
*Zip / Postal Code	90013	
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: Joel _____
Middle Name:	_____	
*Last Name:	Hanson	
Suffix:	_____	
Title:	Administrative Director	
Organizational Affiliation: Santa Monica Bay Restoration Foundation		
*Telephone Number: 213-576-6645		Fax Number: 213-576-6646
*Email: jhanson@waterboards.ca.gov		

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. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-456

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

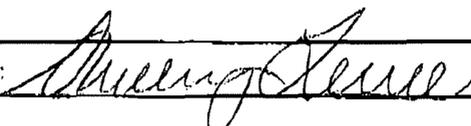
Title:

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

County of Los Angeles, CA

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

Continued implementation of the Santa Monica Bay Restoration Plan

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 34	*b. Program/Project: 24, 28, 30, 31, 33, 34, 35, 36, 46	
17. Proposed Project:		
*a. Start Date: 10/01/09	*b. End Date: 09/30/10	
18. Estimated Funding (\$):		
*a. Federal	\$600,000	
*b. Applicant	\$14,017	
*c. State	\$947,095	
*d. Local	\$15,046	
*e. Other		
*f. Program Income		
*g. TOTAL	\$1,576,158	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Dr.	*First Name: Shelley	
Middle Name:		
*Last Name: Luce		
Suffix:		
*Title: Executive Director		
*Telephone Number: 310-216-9827	Fax Number: 310-216-9825	
* Email: slucc@santamonica-bay.org		
*Signature of Authorized Representative: 	*Date Signed: 5/6/09	



SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

RECEIVED

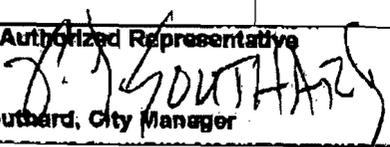
SEP. 3 2009

STATE CLEARING HOUSE

SF 424

Complete the fill able fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted May 15, 2009	Applicant Identifier:	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction
Applicant Information			
City of Indio		UOG Code: (TBD)	
100 Civic Center Mall		Organizational DUNS: #073602054	
		City of Indio	
Indio	California	Community Development Department	
92201	Country U.S.A.		
Employer Identification Number (EIN):		Riverside County	
95-6000726		Program Year Start Date (07/01/2009)	
Applicant Type:		Specify Other Type if necessary:	
Local Government: City		Specify Other Type	
Program Funding		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles		Description of Areas Affected by CDBG Project(s):	
1. Fair Housing 2. Code Enforcement 3. Boys & Girls Club Facility Rehabilitation 4. CDBG Planning & Administration		Jurisdiction of the City of Indio	
\$CDBG Grant Amount \$957,881 (revised final grant amount)		\$Additional HUD Grant(s) Leveraged Describe None Not applicable.	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s)			
Home Investment Partnerships Program		14.239 HOME: NOT APPLICABLE	
HOME Project Titles:		Description of Areas Affected by HOME Project(s)	
\$HOME Grant Amount:		\$Additional HUD Grant(s) Leveraged Describe	

\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
Housing Opportunities for People with AIDS		14.241 HOPWA: NOT APPLICABLE	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14.231 ESG: NOT APPLICABLE	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of: 45th District		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts:	Project Districts:		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on April 30, 2009.
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review
Person to be contacted regarding this application			
First Name Jesus	Middle Initial A	Last Name Gomez	
Title Housing Programs Manager	Phone (760) 541-4260	Fax (760) 391-8417	
eMail jgomez@indio.org	Grantee Website www.indio.org	Other Contact Mariano Aguirre, Development Manager (760) 541-4261	
Signature of Authorized Representative 		Date Signed August 31, 2009	
Glenn D. Southard, City Manager			

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 1/12/09	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: San Simeon Community Services District		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: 111 Pico Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Simeon		Prefix: Mr.	First Name: Charles
Country: San Luis Obispo		Middle Name: Robert	
State: CA		Last Name: Grace	
Zip Code: 93452		Suffix:	
Country:		Email: Cgrace@SWWC.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2755343		Phone Number (give area code) 805-927-4778	Fax Number (give area code) 805-927-0399
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) Gr. Special District	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760		9. NAME OF FEDERAL AGENCY:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Well Rehabilitation Project	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 489,870	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 489,870		
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 Charles	Middle Name Robert	
Last Name Grace		Suffix	
b. Title General manager		c. Telephone Number (give area code) 805-431-6253 or 927-4778	
d. Signature of Authorized Representative		e. Date Signed 8/31/09	

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 12, 2009	Applicant Identifier OXR 09-3
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier NPIAS 3-06-0179-031-2009

5. APPLICANT INFORMATION

Legal Name: County of Ventura	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">SEP 3 2009</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department: Department of Airports	
Organizational DUNS: 129771036		Division:	
Address: Street: 555 Airport Way, Suite B		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.	First Name: Todd
City: Camarillo		Middle Name	Last Name McNamee
County: Ventura	State: CA	Zip Code 93010	Suffix:
Country: USA	Email: todd.mcnamee@ventrua.org		

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

Phone Number (give area code) (805) 388-4200	Fax Number (give area code) (805) 388-4366
---	---

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

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

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration, Western Pacific Region

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

TITLE (Name of Program):
Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Wildlife Hazard Assessment (WHA)

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

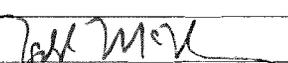
13. PROPOSED PROJECT
Start Date: September 2009 Ending Date: July 2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 23 & 24 b. Project 24

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$ 100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 3, 2009, FAX'ed to (916) 323-3018
b. Applicant	\$ 5,263.00	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	\$ 105,263.00	

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 Todd	Middle Name
Last Name McNamee		Suffix
b. Title Director of Airports		c. Telephone Number (give area code) (805) 388-4200
d. Signature of Authorized Representative 		e. Date Signed August 12, 2009

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

3. DATE RECEIVED BY STATE **State Application Identifier**

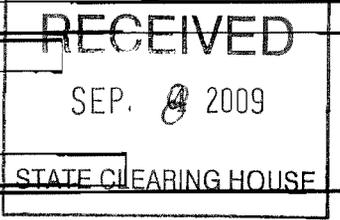
1. TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

4. a. Federal Identifier
b. Agency Routing Identifier

2. DATE SUBMITTED **Applicant Identifier**
 09/04/2009

5. APPLICANT INFORMATION * Organizational DUNS: 800735313

* Legal Name: PVT Solar, Inc
 Department: Research and Development Division:
 * Street1: 2607 7th Street, Suite G
 Street2:
 * City: Berkeley County / Parish: Alameda
 * State: CA: California Province:
 * Country: USA: UNITED STATES * ZIP / Postal Code: 94710-2571



Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Karen Middle Name:
 * Last Name: Dzienkowski Suffix:
 * Phone Number: 510-809-3245 Fax Number: 510-548-4224
 Email: kdzienkowski@pvtsolar.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 262683308

7. * TYPE OF APPLICANT: R: Small Business
 Other (Specify):
 Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: If Revision, mark appropriate box(es).
 New Reapplication A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 Renewal Continuation Revision E. Other (specify):

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

9. * NAME OF FEDERAL AGENCY:
 Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: B1.C49
TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Home Energy Management Systems for Low Energy Homes with Two-Way Smart Grid Communications

12. PROPOSED PROJECT: * Start Date: 10/01/2009 * Ending Date: 02/02/2010
*** 13. CONGRESSIONAL DISTRICT OF APPLICANT:** CA-009

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Mr. * First Name: Ramachandran Middle Name:
 * Last Name: Narayanamurthy Suffix:
 Position/Title: Chief Science Officer
 * Organization Name: PVT Solar, Inc
 Department: Research and Development Division:
 * Street1: 2607 7th Street, Suite G
 Street2:
 * City: Berkeley County / Parish: Alameda
 * State: CA: California Province:
 * Country: USA: UNITED STATES * ZIP / Postal Code: 94710-2571
 * Phone Number: 510-809-249 Fax Number: 510-548-4224
 * Email: znarayanamurthy@pvtsolar.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested: <input type="text" value="149,544.13"/></p> <p>b. Total Non-Federal Funds: <input type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds: <input type="text" value="149,544.13"/></p> <p>d. Estimated Program Income: <input type="text" value="0.00"/></p>	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSES?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="09/04/2009"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	---

17. 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.

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

20. Pre-application

OMB Number: 4040-0001
Expiration Date: 08/30/2011

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

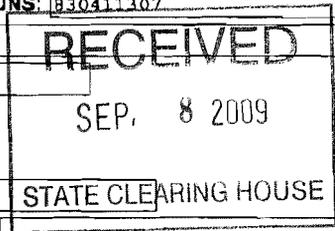
3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

4. a. Federal Identifier:
b. Agency Routing Identifier:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION
* Organizational DUNS:
* Legal Name:
Department: Division:
* Street1:
Street2:
* City: County / Parish:
* State: Province:
* Country: * ZIP / Postal Code:



Person to be contacted on matters involving this application
Prefix: * First Name: Middle Name:
* Last Name: Suffix:
* Phone Number: Fax Number:
Email:

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

7. * TYPE OF APPLICANT: R: Small Business
Other (Specify):
Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
 New Resubmission A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 Renewal Continuation Revision E. Other (specify):
If Revision, mark appropriate box(es).
* Is this application being submitted to other agencies? Yes No What other Agencies?

9. * NAME OF FEDERAL AGENCY:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT: * Start Date: * Ending Date:
* 13. CONGRESSIONAL DISTRICT OF APPLICANT:

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: * First Name: Middle Name:
* Last Name: Suffix:
Position/Title:
* Organization Name:
Department: Division:
* Street1:
Street2:
* City: County / Parish:
* State: Province:
* Country: * ZIP / Postal Code:
* Phone Number: Fax Number:
* Email:

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input style="width:150px;" type="text" value="149,218.00"/></p> <p>b. Total Non-Federal Funds <input style="width:150px;" type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input style="width:150px;" type="text" value="149,218.00"/></p> <p>d. Estimated Program Income <input style="width:150px;" type="text" value="0.00"/></p>	<p>16. * 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 style="margin-left: 40px;">DATE: <input style="width:100px;" type="text" value="09/04/2009"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p style="margin-left: 40px;"><input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
<p>17. 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)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> * I agree</p> <p style="font-size: small; text-align: center;">* 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.</p>	
<p>18. SFLLL or other Explanatory Documentation</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: flex-end; gap: 10px;"> Add Attachment Delete Attachment View Attachment </div>	
<p>19. Authorized Representative</p> <p>Prefix: <input style="width:50px;" type="text" value="Dr."/> * First Name: <input style="width:150px;" type="text" value="Osman"/> Middle Name: <input style="width:150px;" type="text"/></p> <p>* Last Name: <input style="width:150px;" type="text" value="Kibar"/> Suffix: <input style="width:50px;" type="text"/></p> <p>* Position/Title: <input style="width:150px;" type="text" value="CEO"/></p> <p>* Organization: <input style="width:150px;" type="text" value="Dynamic Connections, LLC"/></p> <p>Department: <input style="width:150px;" type="text"/> Division: <input style="width:150px;" type="text"/></p> <p>* Street1: <input style="width:150px;" type="text" value="6150 Lusk Blvd, Ste B104"/></p> <p>Street2: <input style="width:150px;" type="text"/></p> <p>* City: <input style="width:100px;" type="text" value="San Diego"/> County / Parish: <input style="width:100px;" type="text"/></p> <p>* State: <input style="width:100px;" type="text" value="CA: California"/> Province: <input style="width:100px;" type="text"/></p> <p>* Country: <input style="width:100px;" type="text" value="USA: UNITED STATES"/> * ZIP / Postal Code: <input style="width:100px;" type="text" value="92121-2737"/></p> <p>* Phone Number: <input style="width:100px;" type="text" value="8586250691"/> Fax Number: <input style="width:100px;" type="text"/></p> <p>* Email: <input style="width:150px;" type="text" value="osman@dynamicconnections.us"/></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <p style="text-align: center; font-weight: bold; font-size: small;">* Signature of Authorized Representative</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Osman Kibar</div> </div> <div style="width: 35%;"> <p style="text-align: center; font-weight: bold; font-size: small;">* Date Signed</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">09/04/2009</div> </div> </div>	
<p>20. Pre-application</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: flex-end; gap: 10px;"> Add Attachment Delete Attachment View Attachment </div>	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 9-2-2009	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Anderson Springs Comm. Serv. Distr		Organizational Unit: Department:		
Organizational DUNS: 054856211		Division:		
Address: Street: P.O. Box 929		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Middletown		Prefix: Ms First Name: Meriel		
Country: Lake		Middle Name: Lorraine		
State: Calif.		Last Name: Medrano		
Zip Code: 95461		Suffix:		
Country: USA		Email: meriel@wildblue.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2907702		Phone Number (give area code) 707 987-0277		Fax Number (give area code) 707 987-2629
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify) Community Service District		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Water & Wastewater prog 101-760		9. NAME OF FEDERAL AGENCY: Dept. of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Anderson Springs		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of 150,000 gallon steel water tank, excavating constr. star to finish including painting.		
13. PROPOSED PROJECT Start Date: 3-1-2010 Ending Date: 6-1-2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: One Thompson b. Project: one Thompson		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 400,000.	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9-2-2009		
b. Applicant	\$ 100,000.	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 92,397.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	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.		
g. TOTAL	\$ 592,397.	a. Authorized Representative		
		Prefix: Ms First Name: Meriel Middle Name: Lorraine		
		Last Name: Medrano Suffix:		
		b. Title: Manager c. Telephone Number (give area code): 707 987-0277		
		d. Signature of Authorized Representative: Meriel L. Medrano e. Date Signed: 9-3-09		

Previous Edition Usable
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier

1. * TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

2. DATE SUBMITTED

09/03/2009

Applicant Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 830186115

* Legal Name: Alight Solar, Incorporated

Department: Division:

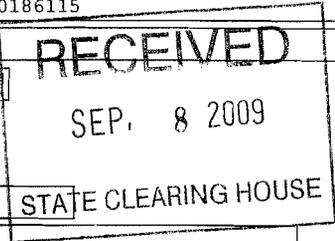
* Street1: PO Box 651

Street2:

* City: Cupertino County / Parish: Santa Clara

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95014-0651



Person to be contacted on matters involving this application

Prefix: Dr. * First Name: Jianhua Middle Name:

* Last Name: Hu Suffix:

* Phone Number: (650) 283-7705 Fax Number:

Email: jianhua.hu@alightsolar.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 27-0683123

7. * TYPE OF APPLICANT: R: Small Business

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es):

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

E. Other (specify):

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

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

9b: A Novel Approach to Manufacture Low Cost and High Efficiency Nano-crystalline Silicon Thin Film Solar Cells over Non-planar Substrates

12. PROPOSED PROJECT:

* Start Date: 12/07/2009 * Ending Date: 07/30/2010

* 13. CONGRESSIONAL DISTRICT OF APPLICANT

CA-015

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Jianhua Middle Name:

* Last Name: Hu Suffix:

Position/Title: Chief Scientist

* Organization Name: Alight Solar, Incorporated

Department: Division:

* Street1: PO Box 651

Street2:

* City: Cupertino County / Parish: Santa Clara

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95014-0651

* Phone Number: (650) 283-7705 Fax Number:

* Email: jianhua.hu@alightsolar.com

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input type="text" value="150,000.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input type="text" value="150,000.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p>16. * 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: <input type="text" value="09/03/2009"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	--

17. 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.

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

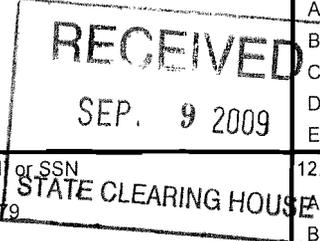
20. Pre-application

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 01/31/2008)

1. Type of Submission <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. Date Submitted		4. HUD Application Number	
		3. Date and Time Received by HUD		5. Existing Grant Number	
				6. Applicant Identification Number 143-43034	
7. Applicant's Legal Name Johnre Management, LLC			8. Organizational Unit		
9. Address (give city, county, State, and zip code) A. Address: 461 East Johnston Avenue B. City: Hemet C. County: Riverside D. State: CA E. Zip Code:92543			10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Jennifer Vega B. Title: Jr. Underwriter C. Phone: 973-367-3363 D. Fax: 973-367-3376 E. E-mail: jennifer.vega@prudential.com		
11. Employer Identification Number (EIN) or SSN 20-4526179			12. Type of Applicant (enter appropriate letter in box) <input type="checkbox"/> M		
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)			I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)		
			14. Name of Federal Agency U.S. Department of Housing and Urban Development		
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 129			16. Descriptive Title of Applicant's Program Meadowbrook Health Care Center 461 East Johnston Avenue Hemet, CA 92543 Sub-rehabilitation of an existing healthcare center		
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Hemet, Riverside County, CA					
18a. Proposed Program start date 11/1/09		18b. Proposed Program end date 1/1/11		19a. Congressional Districts of Applicant 45	
				19b. Congressional Districts of Program 45	
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.					
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.					
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.					



Mortgage Insurance_NH, ICF, B&C and AIF

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	8,609,700.00								8,609,700.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	8,609,700.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,609,700.00

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

Title

Date (mm/dd/yyyy)

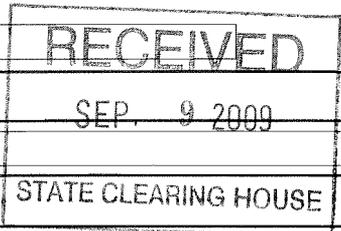
Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: Completed by Grants.gov upon submission	4. Applicant Identifier: _____
--	-----------------------------------

5a. Federal Entity Identifier: 330843593	* 5b. Federal Award Identifier: _____
---	--



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Society for Internet Advancement - Orange County

* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0843593	* c. Organizational DUNS: 831586305
---	--

d. Address:

* Street1: 5 Hutton Centre, Suite 830
Street2: _____
* City: Santa Ana
County: Orange
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92707-8746

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: Craig
Middle Name: _____
* Last Name: Peterson
Suffix: _____
Title: Executive Director

Organizational Affiliation:

* Telephone Number: 949-275-5868 Fax Number: _____

* Email: cpeterson@siadv.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

0: Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.307

CFDA Title:

Economic Adjustment Assistance

*** 12. Funding Opportunity Number:**

EDA03102009RECOVERYACT

* Title:

EDA Recovery Act Funding

13. Competition Identification Number:

03

Title:

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

Eastern Oregon - Congressional District 2
Baker County, Union County, Wallowa County, Malheur County

Northeastern New Mexico - Congressional District 3
Union County, Colfax County, Harding County

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

Project BrightSpotUSA - Bringing Internet-based business capabilities to underserved rural America.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424 Version 02

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

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

17. Proposed Project:
* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,391,000.00"/>
* b. Applicant	<input type="text" value="2,391,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="4,782,400.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on .
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

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

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:
* Title:
* Telephone Number: Fax Number:
* Email:
* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier

1. * TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

2. DATE SUBMITTED

09/04/2009

Applicant Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 830186115

* Legal Name: Alight Solar, Incorporated

Department: Division:

* Street1: PO Box 651

Street2:

* City: Cupertino County / Parish: Santa Clara

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95014-0651

RECEIVED
SEP 9 2009
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: Mr. * First Name: Jyr Middle Name: Hong

* Last Name: Soo Suffix:

* Phone Number: (408) 828-2687 Fax Number:

Email: jyrhong.soo@alightsolar.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 27-0683123

7. * TYPE OF APPLICANT: R: Small Business

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es):

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

E. Other (specify):

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

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

7c: Developing a Low Cost and High Efficiency Micro-Inverter with Monitoring and Controlling Mechanisms for Distributed Power Generation Systems

12. PROPOSED PROJECT:

* Start Date: 12/07/2009 * Ending Date: 08/27/2010

* 13. CONGRESSIONAL DISTRICT OF APPLICANT

CA-015

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Mr. * First Name: Jyr Middle Name: Hong

* Last Name: Soo Suffix:

Position/Title: Principal Electrical Engineer

* Organization Name: Alight Solar, Incorporated

Department: Division:

* Street1: PO Box 651

Street2:

* City: Cupertino County / Parish: Santa Clara

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95014-0651

* Phone Number: (408) 828-2687 Fax Number:

* Email: jyrhong.soo@alightsolar.com

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input type="text" value="150,000.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input type="text" value="150,000.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p>16. * 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: <input type="text" value="09/04/2009"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	--

17. 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.

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

<p>* Signature of Authorized Representative</p> <div style="border: 1px solid black; padding: 5px; width: 100%;">Completed on submission to Grants.gov</div>	<p>* Date Signed</p> <div style="border: 1px solid black; padding: 5px; width: 100%;">Completed on submission to Grants.gov</div>
---	--

20. Pre-application

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input checked="" 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: Ca Association for Local Econ Dev. Organizational Unit:

Address (give city, county, State, and zip code):
550 Beret Dr., Ste. G
Sacto, CA 95811

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

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-2645503

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

A. State H. Independent School Dist.
 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) 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:
USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
[] [] - [] [] []

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Research Study on a sustainable EOC model for Local CA

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Rural Communities In CA

13. PROPOSED PROJECT | **14. CONGRESSIONAL DISTRICTS OF:**

Start Date <u>7/1/09</u>	Ending Date <u>6/30/10</u>	a. Applicant	b. Project
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15. ESTIMATED FUNDING:
99,999

a. Federal	\$	<u>99,999.00</u>
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	<u>99,999.00</u>

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 9/9/09

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 <u>Wayne Schell</u>	b. Title <u>President & CEO</u>	c. Telephone Number <u>916-448-8252</u>
d. Signature of Authorized Representative <u>[Signature]</u>	e. Date Signed <u>9/9/09</u>	

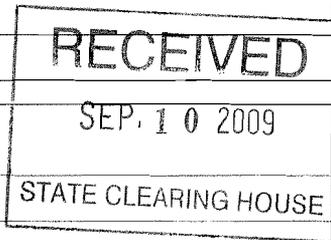
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 9/8/09	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

Legal Name: City of Arroyo Grande	Organizational Unit: Department: City Manager's Office
Organizational DUNS: 077252575	Division: NA
Address: Street: 214 East Branch Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Steven
City: Arroyo Grande	Middle Name Duane
County: San Luis Obispo	Last Name Adams
State: California Zip Code 93420	Suffix:
Country: USA	Email:



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

Phone Number (give area code) 805-473-5400	Fax Number (give area code) 805-473-0386
---	---

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)
 C
 Other (specify)

9. NAME OF FEDERAL AGENCY:
 USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 1 0 - 7 6 6

TITLE (Name of Program):
 USDA Rural Development Community Facilities Direct Loan and Grant Program

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Arroyo Grande Police Station

13. PROPOSED PROJECT
 Start Date: 7/1/10 Ending Date: 6/30/11

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 22nd b. Project 22nd

15. ESTIMATED FUNDING:

a. Federal	\$	5,750,000 ⁰⁰
b. Applicant	\$	750,000 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	6,500,000 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:
 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 Steven	Middle Name Duane
Last Name Adams	Suffix	
b. Title City Manager	c. Telephone Number (give area code) 805-473-5400	
d. Signature of Authorized Representative	e. Date Signed 9/8/09	

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

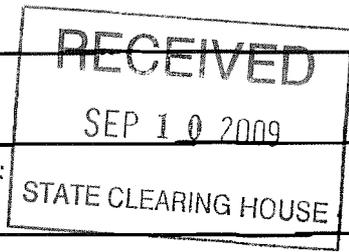
- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:



5a. Federal Entity Identifier:
USDA/APHIS/Wildlife Services

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: The Wildlife Society, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
52-0788946

*c. Organizational DUNS:
02-029-5176

d. Address:

*Street 1: 5410

Street 2: Grosvenor Lane

*City: Bethesda

County: _____

*State: MD

Province: _____

*Country: USA

*Zip / Postal Code 20814-2144

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs. *First Name: Jane

Middle Name: _____

*Last Name: Jorgensen

Suffix: _____

Title:

Organizational Affiliation:

*Telephone Number: 301-897-9770

Fax Number: 301-530-2471

*Email: jane@wildlife.org

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**
N.Nonprofit w/o 501C3 IRS Status(Oth Than High Edu
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA/APHIS/Wildlife Services

11. Catalog of Federal Domestic Assistance Number:

10.028 _____

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Monterey, CA

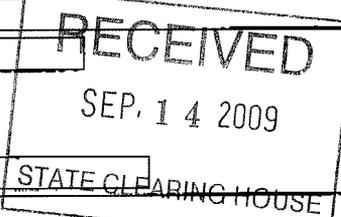
***15. Descriptive Title of Applicant's Project:**

The Wildlife Society's 16th Annual Conference

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: MD-all		*b. Program/Project: US-all
17. Proposed Project:		
*a. Start Date: 08/01/09		*b. End Date: 09/30/09
18. Estimated Funding (\$):		
*a. Federal	19,500	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	19500	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>08/10/09</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>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)</p> <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mrs.		*First Name: Jane
Middle Name:		
*Last Name: Jorgensen		
Suffix:		
*Title: Finance/Office Manager		
*Telephone Number: 301-897-9770		Fax Number: 301-530-2471
* Email: jane@wildlife.org		
*Signature of Authorized Representative:		*Date Signed: 09/10/09

OMB Number: 4040-0001
Expiration Date: 06/30/2011APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE		State Application Identifier
1. * TYPE OF SUBMISSION		4. a. Federal Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		DE-FG02-04ER41304 Renewal
2. DATE SUBMITTED		b. Agency Routing Identifier
09/11/2009		
Applicant Identifier		
6. 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 / Parish: Alameda
* State: CA: California		Province:
* Country: USA: UNITED STATES		* ZIP / Postal Code: 94704-5940
Person to be contacted on matters involving this application		
Prefix:		* First Name: Dave
		Middle Name:
* Last Name: Weldon		Suffix:
* Phone Number: 510-643-4661		Fax Number: 510-642-8236
Email: dweldon@berkeley.edu		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-6002123		
7. * TYPE OF APPLICANT: B: Public/State Controlled Institution of Higher Education		
Other (Specify):		
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
8. * TYPE OF APPLICATION:		
If Revision, mark appropriate box(es).		
<input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration		
<input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> E. Other (specify):		
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		
9. * NAME OF FEDERAL AGENCY:		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 01.049
Chicago Service Center		TITLE: office of Science Financial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
Investigation of Nuclear Partonic Structure		
12. PROPOSED PROJECT:		* 13. CONGRESSIONAL DISTRICT OF APPLICANT
* Start Date	* Ending Date	
12/15/2009	12/12/2012	CA-009
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION		
Prefix: Dr.		* First Name: Henry
		Middle Name: J.
* Last Name: Crawford		Suffix:
Position/Title: Research Physicist		
* Organization Name: The Regents of the University of California		
Department: Space Sciences Laboratory		Division:
* Street1: Lawrence Berkeley National Laboratory		
Street2: 1 Cyclotron Road, MS 46R0161		
* City: Berkeley		County / Parish: Alameda
* State: CA: California		Province:
* Country: USA: UNITED STATES		* ZIP / Postal Code: 94720-8203
* Phone Number: 510-486-6962		Fax Number:
* Email: hrcrawford@lbl.gov		



SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	1,380,788.00	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	0.00		
c. Total Federal & Non-Federal Funds	1,380,788.00	DATE:	09/11/2009
d. Estimated Program Income	0.00	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
			<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. 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.

18. SFLLL or other Explanatory Documentation

[Redacted]

19. Authorized Representative

Prefix: [Redacted] * First Name: Patricia Middle Name: [Redacted]

* Last Name: Gates Suffix: [Redacted]

* Position/Title: Associate Director

* Organization: The Regents of the University of California

Department: Sponsored Projects Office Division: [Redacted]

* Street1: 2150 Shattuck Ave. Suite 313

Street2: [Redacted]

* City: Berkeley County / Parish: Alameda

* State: CA: California Province: [Redacted]

* Country: USA: UNITED STATES * ZIP / Postal Code: 94704-5940

* Phone Number: (510) 642-8109 Fax Number: (510) 642-8236

* Email: apu_grants_gov@lists.berkeley.edu

* Signature of Authorized Representative: Completed on submission to Grants.gov

* Date Signed: Completed on submission to Grants.gov

20. Pre-application

[Redacted]

APPLICATION FOR
FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: London Community Services District		Organizational Unit: Department:	
Organizational DUNS: 156414617		Division:	
Address: Street: 37835 Kate Road		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.	
City: Dinuba		First Name: James	
County: Tulare		Middle Name: H.	
State: CA		Last Name: Wegley	
Zip Code: 93618-9734		Suffix:	
Country: USA		Email: kelweg1@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 7 - 0 0 2 4 1 1 9		Phone Number (give area code) (559) 732-7938	
		Fax Number (give area code) (559) 732-7937	

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)

G

Other (specify)

9. NAME OF FEDERAL AGENCY:

Rural Development, CA, USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 0

TITLE (Name of Program):

Water and Waste Disposal Loan and Grant Program

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

Community of London, CA

13. PROPOSED PROJECT (CONSTRUCTION)

Start Date:

January 2010

Ending Date:

May 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

21

b. Project

21

15. ESTIMATED FUNDING:

a. Federal	\$	1,122,200	.00
b. Applicant	\$	15,000	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	1,137,200	.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 OR NEAR DATE: June 18, 2009

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 Mrs.	First Name Dorothy	Middle Name
Last Name Castro		Suffix
b. Title President		c. Telephone Number (give area code) (559) 591-5142
d. Signature of Authorized Representative <i>Dorothy Helms Castro</i>		e. Date Signed 7/13/09

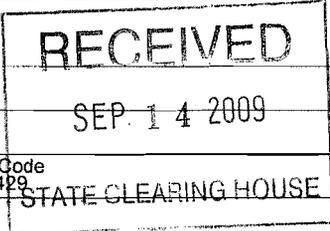
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 9/8/2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: Casmalia Community Services District	Organizational Unit: Department: N/A
Organizational DUNS: N/A	Division: N/A
Address: Street: P.O. Box 207 City: Casmalia County: Santa Barbara State: CA Country: USA	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Vernon Middle Name: Eugene Last Name: Williams Suffix:
Zip Code: 93429	Email: williams@flowersassoc.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 5 - 3 8 2 0 1 1 9

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

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

9. NAME OF FEDERAL AGENCY:
USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 0 - 7 6 0
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Replacement of water storage tank for the community of Casmalia.

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

13. PROPOSED PROJECT
Start Date: ASAP
Ending Date: March, 2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 23rd Congressional District
b. Project: 23rd Congressional District

15. ESTIMATED FUNDING:

a. Federal HUD-CDBG	\$	250,000 ⁰⁰
b. Applicant	\$	0 ⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other Federal-USDA RUS	\$	800,000 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	1,050,000 ⁰⁰

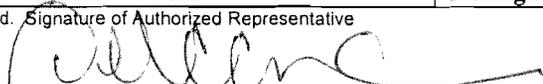
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE:
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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. Authorized Representative

Prefix Mrs	First Name Melissa	Middle Name Serenity
Last Name Deweese-Vang		Suffix
b. Title Vice-President of CCSD Board		c. Telephone Number (give area code) 805-680-6020
d. Signature of Authorized Representative		e. Date Signed September 8, 2009

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED September 2, 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-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: Port of Oakland		Organizational Unit: Port of Oakland Acting by and through its Board of Port Commissioners	
Address (give city, county, state, and zip code) 530 Water Street Oakland, CA 94607		Name and telephone number of the person to be contracted on matters involving this application (give area code) Christina Lee (510) 627-1510	
EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2		7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State H. Interdependent 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: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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 TITLE: Airport Improvement Program (AIP) 2 0 . 1 0 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Reconstruction of East Apron, Phase 3, Taxilane Sierra and West Ramp, South Field, OIA	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco Bay Area			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 08/09	Ending Date 12/10	a. Applicant 7	b. Project 4
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	\$ 3,251,428 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$.00	DATE: September 2, 2009	
c. State	\$.	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program income	\$.	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 3,251,428 .00	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 Deborah Ale Flint		b. Title Acting Director of Aviation	c. Telephone number (510) 563-6421
d. Signature of Authorized Representative 		e. Date Signed September 2, 2009	

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	RECEIVED SEP 15 2009 STATE CLEARING HOUSE
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Womenspace Unlimited South Lake Tahoe Women's Center		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2598256	*c. Organizational DUNS: 123542811	
d. Address:		
*Street 1:	<u>2941 Lake Tahoe Blvd.</u>	
Street 2:	_____	
*City:	<u>South Lake Tahoe</u>	
County:	<u>El Dorado</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>96150</u>	
e. Organizational Unit:		
Department Name: N/A	Division Name: N/A	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Ms.</u>	*First Name: <u>Anna</u>	
Middle Name: <u>K.</u>		
*Last Name: <u>Richter</u>		
Suffix: _____		
Title: <u>Development Director</u>		
Organizational Affiliation: <u>Employee</u>		
*Telephone Number: (530) 542-7633	Fax Number: (530) 542-7624	
*Email: <u>arichter@sltwc.org</u>		

