

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1 - 15, 2011**. 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.

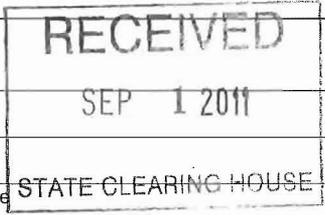
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 30, 2011	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		<input type="checkbox"/> Non-Construction	

5. APPLICANT INFORMATION

Legal Name: Calaveras County Water District	Organizational Unit: Department:
Organizational DUNS: 074631599	Division:
Address: Street: 423 East St. Charles Street P.O. Box 846 City: San Andres	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jeffrey
County: Calaveras	
State: California	Last Name Meyer
Zip Code: 95249	Suffix:
Country:	Email: jeffreym@ccwd.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1582070

7. TYPE OF APPLICANT: (See back of form for Application Types)
G. Special District (County Water 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) "Decrease Award"

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
West Point Water Distribution System Replacement Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
West Point, Calaveras County, California

13. PROPOSED PROJECT
Start Date: March 2012 Ending Date: November 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: Dan Lungren, CA-3rd
b. Project: Dan Lungren, CA-3rd

15. ESTIMATED FUNDING:

a. Federal	\$ 1,000,000.00
b. Applicant	\$ 375,186.00
c. State	\$ 1,484,814.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 2,860,000.00

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: August 30, 2011
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Ms.	First Name Joone	Middle Name
Last Name Lopez		Suffix
b. Title General Manager		c. Telephone Number (give area code) (209) 754-3001
d. Signature of Authorized Representative		e. Date Signed August 30, 2011

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

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	* Other (Specify)
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Revision		
<input type="checkbox"/> Changed/Corrected Application			
*3. Date Received:	4. Application Identifier:		STATE CLEARING HOUSE
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: South Coast Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419		*c. Organizational DUNS: 025986159	
d. Address:			
*Street1: 21865 Copley Drive			
Street 2:			
*City: Diamond Bar			
County: Los Angeles			
*State: CA			
Province:			
Country: USA		*Zip/ Postal Code: 91765	
e. Organizational Unit:			
Department Name:		Division Name: Finance	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		First Name: Mary	
Middle Name:			
*Last Name: Leonard			
Suffix:			
Title: Financial Analyst			
Organizational Affiliation: Finance Division			
*Telephone Number: 909-396-2780		Fax Number: 909-396-2765	
*Email: mleonard@aqmd.gov			

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One -

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Special District

*10. Name of Federal Agency:

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.001

CFDA Title:

Air Pollution Control Program Support

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Orange and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

FY 12 Air Pollution Control Program Support

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

*a. Applicant

CA-024-049

*b. Program/Project:

CA-024-049

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

17. Proposed Project:

*a. Start Date: 10/01/2011

*b. End Date: 09/30/2012

18. Estimated Funding (\$):

*a. Federal	\$4,786,569.00	*d. Local	\$3,978,200.00
*b. Applicant	\$110,120,720.00	*e. other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$118,885,489.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 9/1/2011
- 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: Barry

Middle Name: R.

*Last Name: Wallerstein

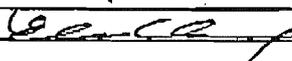
Suffix: D. Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100

Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative: 

Date Signed: 9/1/11

APPROVED AS TO FORM

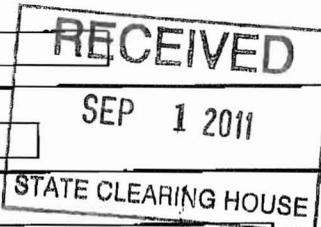
KURT B. WIESE, GENERAL COUNSEL

By: 

Date: 8-31-11

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

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>		
<p>* 3. Date Received:</p> <input type="text"/> Completed by Grants.gov upon submission.		<p>4. Applicant Identifier:</p> <input type="text"/>
<p>5a. Federal Entity Identifier:</p> <input type="text"/>		<p>* 5b. Federal Award Identifier:</p> <input type="text"/>
<p>State Use Only:</p>		
<p>6. Date Received by State:</p> <input type="text"/>		<p>7. State Application Identifier:</p> <input type="text"/>
<p>8. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: <input type="text"/> The Regents of the University of California</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text"/> 94-6036494		<p>* c. Organizational DUNS:</p> <input type="text"/> 047120084
<p>d. Address:</p>		
<p>* Street1: <input type="text"/> Office of Research Sponsored Programs</p>		
<p>Street2: <input type="text"/> 1650 Research Park Drive Suite 300</p>		
<p>* City: <input type="text"/> Davis</p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text"/> CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/> 95618-6153</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: <input type="text"/> WPCB</p>		<p>Division Name: <input type="text"/></p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text"/></p>		<p>* First Name: <input type="text"/> Erica</p>
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text"/> Ballinger</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> Contracts and Grants Analyst</p>		
<p>Organizational Affiliation: <input type="text"/> University of California, Davis</p>		
<p>* Telephone Number: <input type="text"/> (530) 754-8318</p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text"/> eballinger@ucdavis.edu</p>		



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:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Land Management

11. Catalog of Federal Domestic Assistance Number:

15.231

CFDA Title:

Fish, Wildlife and Plant Conservation Resource Management

*** 12. Funding Opportunity Number:**

L11AS00226

* Title:

Effectiveness Monitoring for Adaptive Management to Conserve Desert Tortoise

13. Competition Identification Number:

Title:

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

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

Efficacy of roadway fencing as proposed mitigation for Desert Tortoise management

Attach supporting documents as specified in agency instructions.



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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-001

* b. Program/Project CA-041

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

17. Proposed Project:

* a. Start Date: 10/01/2011

* b. End Date: 09/30/2016

18. Estimated Funding (\$):

* a. Federal	469,431.00
* b. Applicant	20,187.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	489,618.00

19. Is this Application Subject to Review by State Under Executive Order 12372 Process?

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

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

- Yes
- No []

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix: [] * First Name: Carlos

Middle Name: []

* Last Name: Garcia

Suffix: []

* Title: Contracts and Grants Officer

* Telephone Number: 530-754-7941 Fax Number: []

* Email: ccgarcia@ucdavis.edu

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

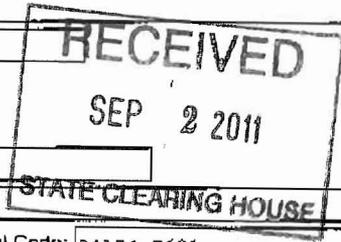
3. DATE RECEIVED BY STATE: _____
State Application Identifier: _____

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

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

2. DATE SUBMITTED: 08/31/2011
Applicant Identifier: _____

5. APPLICANT INFORMATION
* Organizational DUNS: 963901470
* Legal Name: Lygos Inc
Department: _____ Division: _____
* Street1: 1534 Innes Ave
Street2: _____
* City: San Francisco County / Parish: _____
* State: CA: California Province: _____
* Country: USA: UNITED STATES * ZIP / Postal Code: 94124-2621



Person to be contacted on matters involving this application
Prefix: Dr. * First Name: Eric Middle Name: J
* Last Name: Steen Suffix: _____
* Phone Number: 415-294-0069 Fax Number: _____
Email: steen@lygos.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 27-3280691

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: National Institute of Food and Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.212
TITLE: Small Business Innovation Research

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Biological Production of Polymer Precursors by Engineered Microorganisms

12. PROPOSED PROJECT:
* Start Date: 05/01/2012 * Ending Date: 01/31/2013

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: 8

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. * First Name: Jeffrey Middle Name: _____
* Last Name: Fortman Suffix: _____
Position/Title: President
* Organization Name: Lygos Inc
Department: _____ Division: _____
* Street1: 1534 Innes Ave
Street2: _____
* City: San Francisco County / Parish: _____
* State: CA: California Province: _____
* Country: USA: UNITED STATES * ZIP / Postal Code: 94124-2621
* Phone Number: 6125909639 Fax Number: _____
* Email: clem@lygos.com

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input type="text" value="100,000.00"/></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="0.00"/></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="09/31/2011"/></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

Application for Federal Assistance SF-424

*1. Type of Submission

Preapplication

Application

Changed/Corrected Application

*2. Type of Application

New

Continuation

Revision

*If Revision, select appropriate letter(s):

C. Increase Duration

* Other (Specify)

C. Increase Duration

*3. Date Received:

4. Application Identifier:

RECEIVED

SEP 2 2011

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

10-9100-1305-CA

State Use Only:

6. Date Received by State:

7. State Application Identifier: F10-029-1

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Food and Agriculture

* b. Employer/Taxpayer Identification Number (EIN/TIN):
68-0325104

*c. Organizational DUNS:
807-487-665

d. Address:

*Street1: 1220 N Street
Street 2:

*City: Sacramento

County: Sacramento

*State: CA

Province:

Country: United States

*Zip/ Postal Code: 95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Animal Health and Food Safety Services

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

Prefix:

First Name: Andrea

Middle Name:

*Last Name: Alley

Suffix:

Title: Program Manager I

Organizational Affiliation:

*Telephone Number: (916) 900-5010

Fax Number: (916) 900-5338

*Email: andrea.alley@cdfa.ca.gov

Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA/APHIS/VS

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant Pest and Animal Disease

*12. Funding Opportunity Number: **10-025**

*Title: **Plant Pest and Animal Disease**

13. Competition Identification Number:

Title:

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

Entire State of California

*15. Descriptive Title of Applicant's Project:

California Animal Health Emergency Management System (CAHEMS) Toolkit

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **CA-All**

*b. Program/Project: **Statewide**

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

17. Proposed Project:

*a. Start Date: **09/02/2010**

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

18. Estimated Funding (\$):

*a. Federal	\$134,555.00
*b. Applicant	
*c. State	\$109,525.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$244,080.00

***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: **Kathy**

Middle Name:

*Last Name: **Alameda**

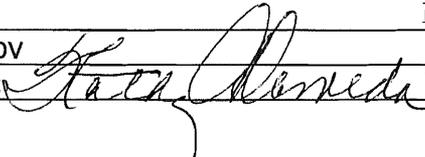
Suffix:

*Title: **Federal Funds Manager**

*Telephone Number: **(916) 651-9888**

Fax Number: **(916) 653-0206**

*Email: **kathy.alameda@cdfa.ca.gov**

*Signature of Authorized Representative:  Date Signed: **09/02/2011**

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

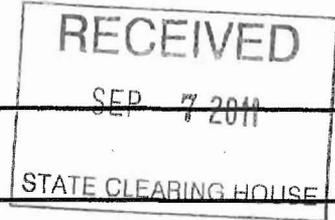
- Preapplication
- Application
- Changed/Corrected Application

*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: Dinuba Village Partners, a California Limited Partnership

*b. Employer/Taxpayer Identification Number (EIN/TIN):
45-3001180

*c. Organizational DUNS:
968997937

d. Address:

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

e. Organizational Unit:

Department Name:
Multi-Family Housing

Division Name:
N/A

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

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

Title: Multi-Family Program Director

Organizational Affiliation:
N/A

*Telephone Number: 559-802-1651

Fax Number: 559-651-3634

*Email: doug@selfhelpenterprises.org

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA - 021

*b. Program/Project: CA -021

17. Proposed Project:

*a. Start Date: 6/15/2012

*b. End Date: 6/2013

18. Estimated Funding (\$):

*a. Federal	\$2,000,000
*b. Applicant	-0-
*c. State	\$4,248,516
*d. Local	\$5,298,056
*e. Other	\$46,105
*f. Program Income	\$46,105
*g. TOTAL	\$11,592,677

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

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

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Peter
Middle Name: N.
*Last Name: Carey
Suffix: _____

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

*Telephone Number: 559-802-1600

Fax Number: 559-651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: 

*Date Signed: 8/1/2011

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input 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: The Regents of the University of California

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

9 5 6 0 0 6 1 4 2

* c. Organizational DUNS:

627797426

d. Address:

* Street1:	200 University Office Building
Street2:	_____
* City:	Riverside
County:	Riverside
* State:	CA
Province:	_____
* Country:	USA
* Zip / Postal Code:	92521-0217

e. Organizational Unit:

Department Name: Office of Research	Division Name: Sponsored Programs Admin
--	--

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

Prefix: Ms.	* First Name: Ursula
Middle Name: N	
* Last Name: Prins	
Suffix: _____	

Title: Principal Contract & Grant Officer

Organizational Affiliation:

* Telephone Number: (951) 827-4808 Fax Number: (951) 827-4483

* Email: ursula.prins@ucr.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

I. State Controlled Institution of Higher Learning

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

USDA-Grants-042210-001

*** Title:**

National Clean Plant Network Cooperative Agreement Program

13. Competition Identification Number:

Title:

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

Worldwide

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

The aims of this project are to complete an analysis of existing state citrus nursery specialized certification programs and conduct a workshop to produce a harmonized standard for such programs that may be used as a national model.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA:044

* b. Program/Project CA:044

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/01/2011

* b. End Date: 09/30/2012

18. Estimated Funding (\$):

* a. Federal	60,280.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	60,280.00

* 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 09/09/2011.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No Explanation

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

 ** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Ursula

Middle Name: N

* Last Name: Prins

Suffix:

* Title: Principal Contract & Grant Officer

* Telephone Number: (951) 827-4808 Fax Number: (951) 827-4483

* Email: ursula.prins@ucr.edu

* Signature of Authorized Representative:  * Date Signed: 9/18/11

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

Application for Federal Assistance SF-424

Version 02



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

*3. Date Received:	4. Application Identifier:
--------------------	----------------------------

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Colton, CA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000694	*c. Organizational DUNS: 0725003580000

d. Address:

*Street1: 650 N. La Cadena Drive
 Street 2:
 *City: Colton
 County: San Bernardino
 *State: CA
 Province:
 Country: USA *Zip/ Postal Code: 92324-2823

e. Organizational Unit:

Department Name: Economic Development/Redevelopment	Division Name:
--	----------------

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

Prefix: Mr. First Name: Arthur
 Middle Name:
 *Last Name: Morgan
 Suffix:
 Title: Redevelopment Manager

Organizational Affiliation:

Economic Development/Redevelopment Department

*Telephone Number: 909-370-6170	Fax Number: 909-370-5196
*Email: AMorgan@ci.colton.ca.us	

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.704

CFDA Title:

Community Challenge Planning Grant Program

*12. Funding Opportunity Number: FR-5500-N-33

*Title: Community Challenge Planning Grant Program

13. Competition Identification Number: CCPG-33

Title:

Community Challenge Planning Grant Program

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

City of Colton, San Bernardino County, California

*15. Descriptive Title of Applicant's Project:

Downtown Colton Sustainable Revitalization Plan

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

CA-043

*b. Program/Project:

CA-043

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

17. Proposed Project:

*a. Start Date: 1/2012

*b. End Date: 10/2012

18. Estimated Funding (\$):

*a. Federal	\$400,000.00
*b. Applicant	
*c. State	\$100,000.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$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 8/8/11
- 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: Arthur

Middle Name:

*Last Name: Morgan

Suffix:

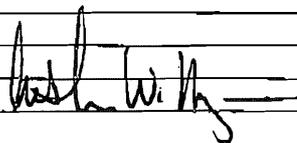
*Title: Redevelopment Manager

*Telephone Number: 909-370-6170

Fax Number: 909-370-5196

*Email: AMorgan@ci.colton.ca.us

*Signature of Authorized Representative:



Date Signed: 9/8/11

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:		4. Application Identifier:			
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:			
		STATE CLEARING HOUSE			
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: 751 Driskell Ave., L.P.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-1758178			*c. Organizational DUNS: not yet assigned		
d. Address:					
*Street1: 15303 Ventura Blvd., Suite 1100					
Street 2:					
*City: Sherman Oaks					
County:					
*State: CA					
Province:					
Country:					
*Zip/ Postal Code: 91403					
e. Organizational Unit:					
Department Name:			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: David			
Middle Name:					
*Last Name: Sciafani					
Suffix:					
Title: Senior Vice President					
Organizational Affiliation:					
*Telephone Number: 818-905-2430					
Fax Number: 818-905-2440					
*Email: dsclafani@sbcglobal.net					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Other (specify) *Limited Partnership with
Non profit MHP.*

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.438

CFDA Title:

USDA 538

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Newman, CA

*15. Descriptive Title of Applicant's Project:

See Attached Description

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-027

*b. Program/Project: CA-018

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

17. Proposed Project: Completed construction on 6/29/2011

*a. Start Date:

*b. End Date:

18. Estimated Funding (\$):

*a. Federal	\$233,000.00
*b. Applicant	\$571,683.00
*c. State	\$640,000.00
*d. Local	\$9,355,696.00
*e. Other	\$2,000,000.00 - (Paw)
*f. Program Income	
*g. TOTAL	\$12,800,379.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 9/9/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: *First Name: David

Middle Name:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430

Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative:  Date Signed: 9/9/2011

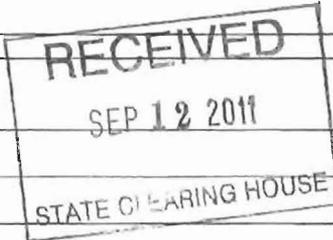
Scott Okimura

654-055

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED September 9, 2011	Applicant Identifier Dept. of Food and Agriculture
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE September 1, 2011	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1501-CA
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION	
Legal Name: State of California	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento	Prefix: First Name: Scott
County: Sacramento	Middle Name
State: California	Last Name Okimura
Zip Code 95814	Suffix:
Country: United States	Email: sokimura@cdfa.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104	Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025 TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Statewide Survey for Palm Weevils
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California	

13. PROPOSED PROJECT Start Date: September 1, 2011 Ending Date: August 31, 2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 44 b. Project Statewide Survey for Palm Weevil
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 280,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 9, 2011
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 246,661.00	<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? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$ 526,661.00	

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	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Manager, Federal Funds Management Unit	c. Telephone Number (give area code) (916) 651-9888	
d. Signature of Authorized Representative	e. Date Signed	

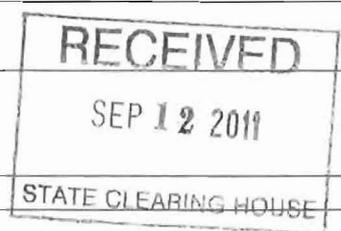
Application for Federal Assistance SF-424

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 type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): * Other (Specify)
--	--	--

*3. Date Received:	4. Application Identifier:
--------------------	----------------------------

5a. Federal Entity Identifier:	*5b. Federal Award Identifier: CA8368
--------------------------------	--



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): 33-0219404	*c. Organizational DUNS: 883815375
------------------	---	---------------------------------------

d. Address:
*Street 1: PO Box 4252
Street 2:
*City: Laguna Beach
County: Orange
*State: CA
Province:
Country: *Zip/ Postal Code: 92652

e. Organizational Unit:

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

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

Prefix:	First Name: Dawn
*Middle Name:	
*Last Name: Price	
Suffix:	
Title: Executive Director	
Organizational Affiliation:	

*Telephone Number: 949-494-6928	Fax Number: 949-497-4324
---------------------------------	--------------------------

*Email: dprice@friendshipshelter.org

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

HUD

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number: FR-5500-N-01

*Title: Continuum of Care Homeless Assistance Programs

13. Competition Identification Number:

Title:

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

Orange County, CA

*15. Descriptive Title of Applicant's Project:

Project READY

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-048

*b. Program/Project: CA-044

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

17. Proposed Project:

*a. Start Date: 11/01/2012

*b. End Date: 10/31/2013

18. Estimated Funding (\$):

*a. Federal \$68,136.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$68,136.00

***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 09/09/2011

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: Dawn

Middle Name:

*Last Name: Price

Suffix:

*Title: Executive Director

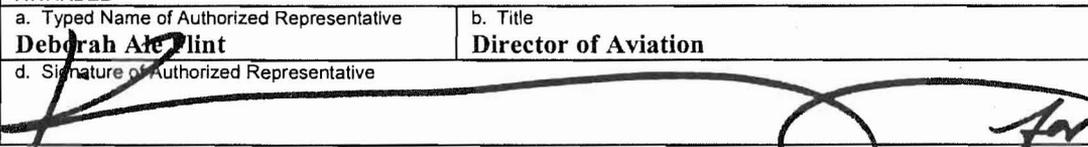
*Telephone Number: 949-494-6928

Fax Number: 949-497-4324

*Email: dprice@friendshipshelter.org

*Signature of Authorized Representative: 

Date Signed: 9.9.2011

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED August 31, 2011	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	
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)		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
		9. NAME OF FEDERAL AGENCY Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 . 1 0 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airport Pavement Management System and Taxiways W and U Improvement Program, South Field, OAK	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco Bay Area			
13. PROPOSED PROJECT Start Date Ending Date 10/2011 08/2012		14. CONGRESSIONAL DISTRICTS OF a. Applicant b. Project 7 4	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	\$ 6,547,045 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 1,576,848 .00	DATE: August 31, 2011	
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	\$.		
f. Program income	\$.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 8,123,893 .00	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION 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 A. Flint		b. Title Director of Aviation	c. Telephone number (510) 627-1133
d. Signature of Authorized Representative 		e. Date Signed August 31, 2011	

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	RECEIVED SEP 13 2011
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	STATE CLEARING HOUSE
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
6. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="City of Santa Ana"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6000785"/>	* c. Organizational DUNS: <input type="text" value="0631532470000"/>	
d. Address:		
* Street1: <input type="text" value="Planning and Building Agency - M20"/>	* Street2: <input type="text" value="20 Civic Center Plaza"/>	
* City: <input type="text" value="Santa Ana"/>	* County/Parish: <input type="text" value="Orange County"/>	
* 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="92701-4059"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Planning and Building Agency"/>	Division Name: <input type="text" value="Planning Division"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mrs."/>	* First Name: <input type="text" value="Karen"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Haluza"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Planning Manager"/>	
Organizational Affiliation: <input type="text" value="City of Santa Ana"/>		
* Telephone Number: <input type="text" value="(714) 667-2726"/>	Fax Number: <input type="text" value="(714) 973-1461"/>	
* Email: <input type="text" value="khaluza@santa-ana.org"/>		

Application for Federal Assistance SF-424

*** 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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.704

CFDA Title:

Community Challenge Planning Grants and the Department of Transportation's TIGER II Planning Grants

*** 12. Funding Opportunity Number:**

FR-5500-N-33

*** Title:**

Community Challenge Planning Grant Program

13. Competition Identification Number:

CCPG-33

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachments](#)

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

City of Santa Ana Sustainable Zoning Code Comprehensive Update

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

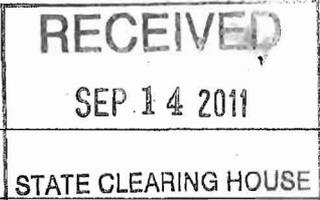
[View Attachments](#)

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="CA-047"/>	b. Program/Project: <input type="text" value="CA-047"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text" value="Santa Ana Congressional Districts Map.pdf"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="01/09/2012"/>	* b. End Date: <input type="text" value="06/26/2013"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="640,000.00"/>
* b. Applicant	<input type="text" value="224,317.23"/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="864,317.23"/>
* 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 <input type="text" value="09/13/2011"/>	
<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 in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	<input type="text" value=""/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<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: <input type="text" value="Mrs."/>	* First Name: <input type="text" value="Karen"/>
Middle Name: <input type="text" value=""/>	
* Last Name: <input type="text" value="Kaluza"/>	
Suffix: <input type="text" value=""/>	
* Title: <input type="text" value="Planning Manager"/>	
* Telephone Number: <input type="text" value="(714) 667-2728"/>	Fax Number: <input type="text" value="(714) 973-1461"/>
* Email: <input type="text" value="khaluza@santa-ana.org"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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 type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): * Other (Specify)
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*3. Date Received:	4. Application Identifier:
---------------------------	-----------------------------------

5a. Federal Entity Identifier: 94-6036494	*5b. Federal Award Identifier: 10-8100-1512-CA
---	--

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** REGENTS OF THE UNIVERSITY OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	*c. Organizational DUNS: 04-712-0084
--	--

d. Address:

***Street1:** 1850 RESEARCH PARK DRIVE, SUITE #300
Street 2:
***City:** DAVIS
County: YOLO
***State:** CA
Province:
Country: USA ***Zip/ Postal Code:** 95618-6153

e. Organizational Unit:

Department Name: OVCR	Division Name: SPONSORED PROGRAMS
---------------------------------	---

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

Prefix: **First Name:** Wendy
Middle Name:
***Last Name:** Johnson-Mesa
Suffix:

Title: "Episodic Abiotic Stress & Ramorum Blight in Nursery Ornamentals: Impacts on Symptom..."

Organizational Affiliation:

*Telephone Number: 530-752-0112	Fax Number: 530-754-9077
*Email: wjohnsonmesa@ucdavis.edu	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One -

Type of Applicant 2: Select Applicant Type:
- Select One -

Type of Applicant 3: Select Applicant Type:
H. Public/State Controlled Institution of Higher Education

*Other (specify):

*10. Name of Federal Agency:
USDA, APHIS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title: 10.025 Plant and Animal Disease, Pest control, and Animal Care

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

"Episodic Abiotic Stress and Ramorum Blights in Nursery Ornamentals: Impacts on Symptom Expression and Chemical Management of Phytophthora Ramorum in Rhododendron"

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **CA-001**

*b. Program/Project: **CA-001**

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

17. Proposed Project:

*a. Start Date: **9/1/11**

*b. End Date: **9/10/12**

18. Estimated Funding (\$):

*a. Federal	\$15,875.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$15,875.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on **9/13/11**
- 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: **Kendra**

Middle Name:

*Last Name: **Rose**

Suffix:

*Title: **contracts and grants Analyst**

*Telephone Number: **530-754-7999**

Fax Number:

*Email: **krrose@ucdavis.edu**

*Signature of Authorized Representative: 

Date Signed: **9/13/11**