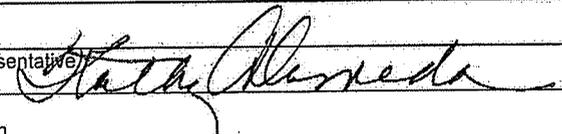


# Federal Grant Applications

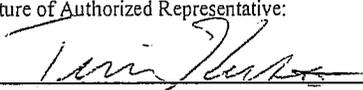
The following are Applications for Federal Assistance received by the State Clearinghouse **September 1 - 15, 2012**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.



APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 31, 2012	Applicant Identifier California Department of Food and Agriculture
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE August 28, 2012	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 10-8506-1613-CA
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 325		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Carol	
City: Sacramento			
County: Sacramento		Middle Name	
State: California		Last Name Gentry	
Zip Code 95814		Suffix:	
Country: USA		Email: carol.gentry@cdfa.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) (916) 262-1696	Fax Number (give area code) (916) 262-2020
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) A-State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025		9. NAME OF FEDERAL AGENCY: USDA/ APHIS/ PPQ	
TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Best Management Practices (BMPs) Ornamental Nurseries	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California (statewide)		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California b. Project California	
13. PROPOSED PROJECT Start Date: July 1, 2012 Ending Date: June 30, 2013		16. 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: August 31, 2012 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 30,000 <sup>00</sup> b. Applicant \$ <sup>00</sup> c. State \$ 0 <sup>00</sup> d. Local \$ <sup>00</sup> e. Other \$ <sup>00</sup> f. Program Income \$ <sup>00</sup> g. TOTAL \$ 30,000 <sup>00</sup>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <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/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 Kathy	Middle Name
Last Name Alameda		Suffix	
b. Title Federal Funds Manager		c. Telephone Number (give area code) (916) 403-6525	
d. Signature of Authorized Representative 		e. Date Signed 9/4/12	



<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. Date Submitted	Applicant Identifier <b>94 - 2270812</b>
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. Date Received	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non Construction		4. Date Received by Federal Agency	Federal Identifier <b>G 009216 - 12 - 0</b>
5. Applicant Information			
Legal Name : <b>Department of Conservation</b>		Organizational Unit: <b>Division of Oil, Gas, and Geothermal Resources</b>	
Address (give city, county, state and zip code) <b>801 K. Street, MS 20 - 20 Sacramento, CA 95814-3530</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code.) <b>Jerry Salera (916) 323-1781</b>	
6. EMPLOYER IDENTIFICATION (EIN) <b>94 - 2270812</b>		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) : _____	
8. TYPE OF APPLICATION v New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If revision, enter appropriate letter(s) in box(es) : <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>66 . 433</b> TITLE: <b>Underground Injection Control</b>		10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Underground Injection Control Program for Class II Well Injection</b>  <b>Two Year Application FY13 and FY14</b>	
11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date <b>10-1-2012</b>	End Date <b>9-30-2014</b>	a. Applicant: <b>Department of Conservation Division of Oil, Gas, and Geothermal Resources</b>	b. Project <b>Statewide</b>
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <b>1,214,000</b>	a. <b>YES</b> . THIS PREAPPLICATION/ APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <u>09-04-2012</u>	
b. Applicant	\$ <b>404,666</b>	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ <b>1,618,666</b>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: <b>Tim Kustic</b>		b. Title: <b>State Oil and Gas Supervisor</b>	c. Telephone Number: <b>(916) 445-9686</b>
d. Signature of Authorized Representative: 		e. Date Signed: <b>8/31/12</b>	

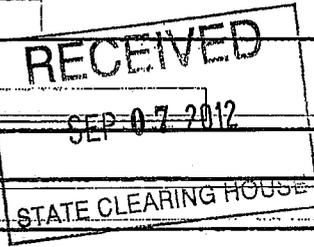


**Application for Federal Assistance SF-424**

* 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	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	

* 3. Date Received:	4. Applicant Identifier:

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



State Use Only:

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

**8. APPLICANT INFORMATION:**

* a. Legal Name:	Cobalt Technologies, Inc.
------------------	---------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS
203578866	795564249

d. Address:	
* Street1:	500 Clyde Avenue
Street2:	
* City:	Mountain View
County:	
* State:	California
Province:	
* Country:	United States
* Zip / Postal Code:	94043

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:	Walther	
Suffix:	Ph.D.	

Title:	Vice President, Research & Development
--------	--

Organizational Affiliation:	Cobalt Technologies, Inc.
-----------------------------	---------------------------

* Telephone Number	(650) 230-0760	Fax Number:	(650) 230-0756
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* Email:	david.walther@cobalttech.com
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**Application for Federal Assistance SF-424**

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

M. Profit Organization

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

Department of Energy

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

810817

CFDA Title:

Renewable Energy Research and Development

**\* 12. Funding Opportunity Number:**

DE-FOA-0000739

\* Title:

Innovative Pilot and Demonstration Scale Production of Advanced Biofuels

**13. Competition Identification Number:**

Title:

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

Mountain View, CA  
Golden, CO

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

Bio-Jet Fuel from N-Butanol Utilizing Lignocellulosic Sugars

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-014

\* b. Program/Project CO-007

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

17. Proposed Project:

\* a. Start Date: 02/04/2012

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

18. Estimated Funding (\$):

* a. Federal	2,520,896.00
* b. Applicant	2,520,896.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	5,041,792.00

\* 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 05/07/2012
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: \_\_\_\_\_ \* First Name: David

Middle Name: \_\_\_\_\_

\* Last Name: Walther

Suffix: Ph.D.

\* Title: Vico President, Research and Development

\* Telephone Number: (650) 230-0760 Fax Number: (850) 230-0756

\* Email: david.walther@cobaltdch.com

\* Signature of Authorized Representative: David Walther \* Date Signed: 09/07/2012

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**APPLICATION FOR FEDERAL ASSISTANCE**

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

<b>5. APPLICANT INFORMATION</b> Legal Name: The Regents of the University of California		Organizational Unit: Department: Research and Economic Development	
Organizational DUNS: 627797426		Division: Sponsored Programs Office	
Address: Street: 200 University Office Building		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Robert	
City: Riverside		Middle Name	
County: Riverside		Last Name Chan	
State: CA Zip Code: 92521-0217		Suffix:	
Country: USA		Email: robert.chan@ucr.edu	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-8006142		Phone Number (give area code): 951-827-7986 Fax Number (give area code): 951-827-4483	

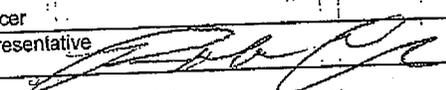
**RECEIVED**  
 SEP 10 2012  
 STATE CLEARING HOUSE

<b>8. TYPE OF APPLICATION:</b> <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)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> Public/State Controlled Institution/Higher Ed Other (specify) Hispanic Serving Institution/ Ag Experiment Station
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Farm Bill Survey	<b>9. NAME OF FEDERAL AGENCY:</b> USDA/APHIS/PPQ
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> ALL	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Mollusk Program Directed Survey for the State of California

<b>13. PROPOSED PROJECT</b> Start Date: 9/01/2012 Ending Date: 8/31/2013	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-44 b. Project CA-ALL
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 9,996 <sup>00</sup> b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 9,996 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/10/2012 b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <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/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Authorized Representative Prefix: Mr. First Name: Robert	Middle Name Suffix
Last Name: Chan	c. Telephone Number (give area code): 951-827-7786
b. Title: Senior Contract and Grant Officer	e. Date Signed: 8/17/2012
d. Signature of Authorized Representative: 	

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



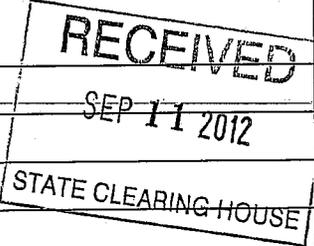
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> April 17, 2012	Applicant Identifier Dept. of Food and Agriculture
		<b>3. DATE RECEIVED BY STATE</b> March 21, 2012	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 12-8506-0934-GR

**5. APPLICANT INFORMATION**

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



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> [6][8]-[0][3][2][5][1][0][4]	<b>Phone Number (give area code)</b> (916) 654-1211	<b>Fax Number (give area code)</b> (916) 654-0555
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> A - State Other (specify)	

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> [1][0]-[0][2][5]	<b>9. NAME OF FEDERAL AGENCY:</b> USDA/APHIS/PPQ
---	---

<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Exotic Fruit Fly	<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California
--	---

<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2012    Ending Date: December 31, 2012	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 40    b. Project Exotic Fruit Fly
--	---

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal                      \$                      2,000,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant                      \$	DATE: March 21, 2012
c. State                              \$                      -1,543,740 <sup>00</sup>	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                              \$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
f. Program Income              \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL                              \$                      456,260 <sup>00</sup>	

**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.**

<b>a. Authorized Representative</b> Prefix:                      First Name: Kathy                      Middle Name:
Last Name: Alameda                      Suffix:
b. Title: Manager, Federal Funds Management Office                      c. Telephone Number (give area code): (916) 403-6525
d. Signature of Authorized Representative                      e. Date Signed



**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission</b> <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>*If Revision, select appropriate letter(s):</b>  <b>* Other (Specify)</b>
<b>*3. Date Received:</b>	<b>4. Application Identifier:</b>	

<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
---------------------------------------	---------------------------------------

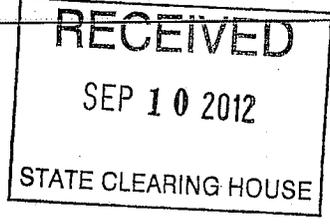
**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name: Community Housing Improvement Systems and Planning Association, Inc.</b>	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-2892838	<b>*c. Organizational DUNS:</b> 01-298-6949

<b>d. Address:</b> *Street1: 295 Main Street Street 2: *City: Salinas County: Monterey *State: CA Province: Country: US		<b>*Zip/ Postal Code: 93901</b>
<b>e. Organizational Unit:</b> Department Name: Real Estate Development Department		



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

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: Ms. Middle Name: Dana	First Name: Dana
*Last Name: Cleary	
Suffix:	
Title: Director of Real Estate Development	
Organizational Affiliation: employee of CHISPA	

<b>*Telephone Number: 831-757-6251 x 141</b>	<b>Fax Number: 831-757-6268</b>
<b>*Email: dcleary@chispahousing.org</b>	



**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

Rural Housing Services, United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.405

CFDA Title:

Section 514 Farm Labor Housing Loan

\*12. Funding Opportunity Number: s

\*Title:

Notice of Funding Availability (NOFA) of Applications for Section 514 Farm Labor Housing Loan and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2012

13. Competition Identification Number:

Title:

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

City of Hollister, San Benito County, California

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

Buena Vista Apartments to be built at 890 Buena Vista Road in Hollister: an 80-unit apartment complex to serve low and very low income families and individuals, some employed by agricultural businesses in San Benito County. The two and three bedroom apartments will be rented to any qualified domestic farm laborers. The development also will include a residents' center and a manager's office.

**Attach supporting documents as specified in agency instructions.**



**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of: **Congressman Sam Farr**

\*a. Applicant **CA-17**

\*b. Program/Project: **CA-17**

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

17. Proposed Project:

\*a. Start Date: **2014**

\*b. End Date: **2015**

**18. Estimated Funding (\$):**

*a. Federal	\$3,000,000.00
*b. Applicant	\$235,000.00
*c. State	\$600,000.00
*d. Local	\$15,170,000.00
*e. Other	\$19,005,000.00
*f. Program Income	
*g. TOTAL	\$19,005,000.00

**\*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 **September 17<sup>th</sup>**
- 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: **Normond**

Middle Name: **V.**

\*Last Name: **Kolpin**

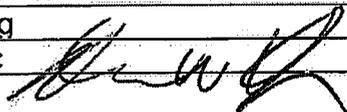
Suffix:

\*Title: **Chief Financial Officer**

\*Telephone Number: **831-757-6251 x 136**

Fax Number: **831-757-6268**

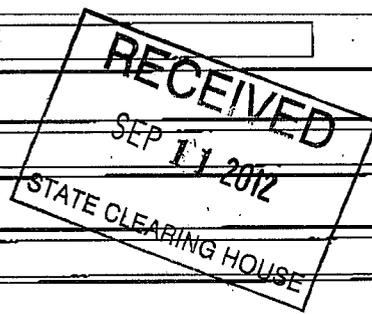
\*Email: **nkolpin@chispahousing.org**

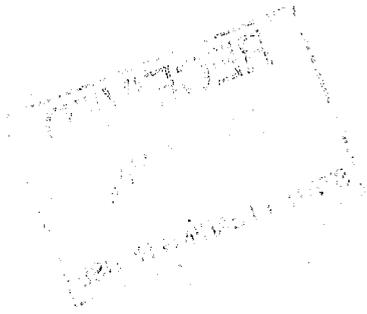
\*Signature of Authorized Representative: 

Date Signed: **Sept 7 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 type="checkbox"/> New <input checked="" 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:	
5a. Federal Entity Identifier:	5b. Federal Award Identifier: 97041	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1292633	* c. Organizational DUNS: 1712143070000	
<b>d. Address:</b>		
* Street: 2200 X Street, Suite 200 Street2: * City: Sacramento County/Parish: * State: CA: California Province: * Country: USA: UNITED STATES * Zip / Postal Code: 95818-2549		
<b>e. Organizational Unit:</b>		
Department Name: Water Resources	Division Name: Safety of Dams	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mrs. Middle Name: * Last Name: Roberson Suffix:	* First Name: Kathy	
Title: Staff Services Analyst		
Organizational Affiliation:		
* Telephone Number: (916) 227-4665	Fax Number: (916) 227-4550	
* Email: kroberso@water.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:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Department of Homeland Security - FEMA

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

97.041

**CFDA Title:**

National Dam Safety Program

**\* 12. Funding Opportunity Number:**

DHS-12-MT-041-000-03

**\* Title:**

Fiscal Year (FY) 2012 National Dam Safety Program Grant

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

**\* 16. Descriptive Title of Applicant's Project:**

State Dam Safety Enhancement

Attach supporting documents as specified in agency instructions.

Add Attachment

Delete Attachment

View Attachment



**Application for Federal Assistance SF-424**

**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="134,821.38"/>
* b. Applicant	<input type="text"/>
* 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="134,821.38"/>

**\* 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 in attachment.)**  
 Yes  No  
If "Yes", provide explanation and attach

**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 210, 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**

\*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: City of Oceanside

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-1688570

\*c. Organizational DUNS:  
073370678

**d. Address:**

\*Street 1: City of Oceanside  
Street 2: 300 North Coast Highway  
\*City: Oceanside  
County: San Diego  
\*State: California  
Province: \_\_\_\_\_  
\*Country: US  
\*Zip / Postal Code: 92054



**e. Organizational Unit:**

Department Name:  
Office of the City Manager

Division Name:

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

Prefix: Mr. \*First Name: Peter  
Middle Name: \_\_\_\_\_  
\*Last Name: Weiss  
Suffix: \_\_\_\_\_

Title: City Manager

Organizational Affiliation:  
City of Oceanside

\*Telephone Number: (760) 435-3065

Fax Number: (760) 435-3078

\*Email: pweiss@ci.oceanside.ca.us



<b>Application for Federal Assistance SF-424</b>	
<p><b>*9. Type of Applicant 1: Select Applicant Type:</b> C. City or Township Government</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p><b>*10. Name of Federal Agency:</b> Federal Aviation Administration</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b> 20.106</p> <p>CFDA Title: <u>Airport Improvement Program</u></p>	
<p><b>12. Funding Opportunity Number:</b> N/A</p> <p>Title:</p>	
<p><b>13. Competition Identification Number:</b> N/A</p> <p>Title:</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Oceanside Municipal Airport, City of Oceanside, County of San Diego, California, US. A map showing the location of the airport is attached.</p>	
<p><b>*15. Descriptive Title of Applicant's Project:</b> This project will include the: 1) Rehabilitation of the existing southeast aircraft parking apron, including associated underground utility lines; and 2) Upgrade of terminal building restrooms to meet ADA requirements.</p>	



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

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-048	*b. Program/Project: CA-048
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: October 2012	*b. End Date: January 2013
<b>18. Estimated Funding (\$):</b>	
*a. Federal	\$143,730
*b. Applicant	\$11,977
*c. State	\$3,993
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$159,700
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>9/11/2012</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	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>	
<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.	
<b>Authorized Representative:</b>	
Prefix: Mr.	*First Name: Peter
Middle Name:	
*Last Name: Weiss	
Suffix:	
*Title: City Manager	
*Telephone Number: (760) 435-3065	Fax Number: (760) 435-3078
* Email: pweiss@ci.oceanside.ca.us	
*Signature of Authorized Representative: <i>Peter Weiss</i>	*Date Signed: 9/11/12



**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 9/12/12	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-1499-CA
	<input checked="" type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: State of California	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; margin: 0;">SEP 12 2012</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 221		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix:                      First Name: Susan
City: Sacramento		Middle Name
County: Sacramento	Last Name Sawyer	
State: California	Zip Code 95814	Suffix:
Country: United States of America	Email: ssawyer@cdfa.ca.gov	

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

6 8 - 0 3 2 5 1 0 4	Phone Number (give area code) (916) 403-6660	Fax Number (give area code) (916) 651-2900
---------------------	---	---

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

**9. NAME OF FEDERAL AGENCY:**  
USDA/APHIS/PPQ

<p><b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b></p> <p style="text-align: right;">1 0 - 0 2 5</p> <p>TITLE (Name of Program):</p>	<p><b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b></p> <p>Regional Strategic System for Early Detection of Invasive Species</p>
--	--

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

<p><b>13. PROPOSED PROJECT</b></p> <p>Start Date: 8/1/2012      Ending Date: 7/31/2013</p>	<p><b>14. CONGRESSIONAL DISTRICTS OF:</b></p> <p>a. Applicant California      b. Project California</p>
--	---

<p><b>15. ESTIMATED FUNDING:</b></p> <table border="1"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">170,000.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">170,000.00</td></tr> </table>	a. Federal	\$	170,000.00	b. Applicant	\$	.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	170,000.00	<p><b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></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="text-align: center;">DATE: 9/12/2012</p> <p>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372</p> <p><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
a. Federal	\$	170,000.00																				
b. Applicant	\$	.00																				
c. State	\$	.00																				
d. Local	\$	.00																				
e. Other	\$	.00																				
f. Program Income	\$	.00																				
g. TOTAL	\$	170,000.00																				
<p><b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b></p> <p><input type="checkbox"/> Yes If "Yes" attach an explanation.      <input checked="" type="checkbox"/> No</p>																						

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



**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> JUNE 24, 2012	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: FOOD BANK OF YOLO COUNTY	Organizational Unit: Department:
Organizational DUNS: 780456778	Division:
Address: Street: 1244 FORTNA AVENUE	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR.      First Name: KEVIN
City: WOODLAND	
County: YOLO	Last Name SANCHEZ
State: CA      Zip Code 95695	Suffix:
Country: USA	Email: kevin@foodbankyc.org

**RECEIVED**  
 SEP 12 2012  
 STATE CLEARING HOUSE

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> [2][3]-[7][1][1][7][8][2]	Phone Number (give area code) 530-668-0690 ext 101	Fax Number (give area code) 530-668-8530
<b>8. TYPE OF APPLICATION:</b> <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.)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - NOT FOR PROFIT Other (specify)	

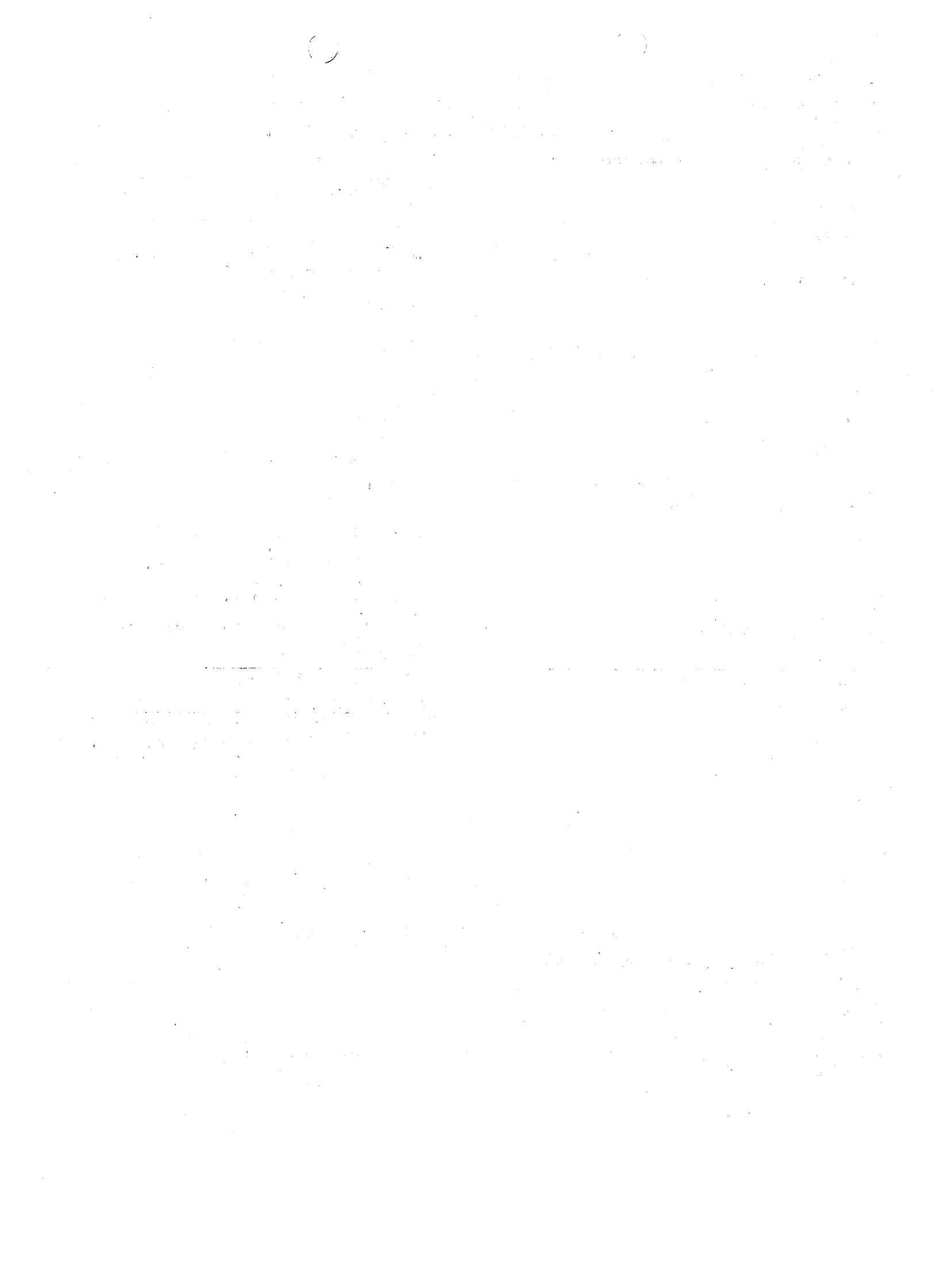
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): RURAL BUSINESS ENTERPRISE GRANT [1][0]-[7][6][9]	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> FOOD BANK OF YOLO COUNTY WILL CREATE BUSINESS PARTNERSHIPS WITH NEW SMALL FARMERS IN RURAL YOLO COUNTY TO PROCURE LOCAL FRESH PRODUCE TO MEET THE GREATER NEED FOR FRUITS AND VEGETABLES TO PROVIDE WELL-ROUNDED HEALTHY MEALS TO OUR CLIENTS THROUGHOUT YOLO COUNTY
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> YOLO COUNTY	<b>9. NAME OF FEDERAL AGENCY:</b> USDA RURAL DEVELOPMENT

<b>13. PROPOSED PROJECT</b> Start Date: SEPTEMBER 1, 2012      Ending Date: SEPTEMBER 30, 2013	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 1,2 CONGRESSIONAL DISTRICTS      b. Project 1,2 CONGRESSIONAL DISTRICT																					
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width: 100%;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">60,000<sup>00</sup></td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">25,000<sup>00</sup></td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">85,000<sup>00</sup></td></tr> </table>	a. Federal	\$	60,000 <sup>00</sup>	b. Applicant	\$	25,000 <sup>00</sup>	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	85,000 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> 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"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	60,000 <sup>00</sup>																				
b. Applicant	\$	25,000 <sup>00</sup>																				
c. State	\$	.00																				
d. Local	\$	.00																				
e. Other	\$	.00																				
f. Program Income	\$	.00																				
g. TOTAL	\$	85,000 <sup>00</sup>																				
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <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/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 KEVIN	Middle Name
Last Name SANCHEZ		Suffix
b. Title EXECUTIVE DIRECTOR		c. Telephone Number (give area code) 530-668-0690 EXT 101
d. Signature of Authorized Representative		e. Date Signed JUNE 24, 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 type="checkbox"/> New	A. Increase Award	
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)	
<input checked="" type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision	A. Increase Award	
*3. Date Received: 9/13/2012		4. Application Identifier: CA-90-Y903-01		<b>RECEIVED</b>
5a. Federal Entity Identifier: 1685		*5b. Federal Award Identifier:		SEP 13 2012
<b>State Use Only:</b>			STATE CLEARING HOUSE	
6. Date Received by State:		7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>				
* a. Legal Name: City of Redondo Beach				
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000767			*c. Organizational DUNS: 074151986	
*d. Address:				
*Street1: 415 Diamond Street				
Street 2:				
*City: Redondo Beach				
County: Los Angeles County				
*State: California				
Province:				
Country: USA			*Zip/ Postal Code: 90277	
*e. Organizational Unit:				
Department Name: Recreation & Community Services Department			Division Name: Transit Division	
*f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: Ms.		First Name: Joyce		
Middle Name:				
*Last Name: Rooney				
Suffix:				
Title: Transit Operations and Transportation Facilities Manager				
Organizational Affiliation: Municipal local government				
*Telephone Number: (310) 318-0631, ext. 2670 Fax Number: (310) 937-6621				
*Email: joyce.rooney@redondo.org				



**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:  
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit - Formula Grants

\*12. Funding Opportunity Number: Federal Transit - Formula Grants (A)

\*Title: Replacement Transit Vehicle Procurement

13. Competition Identification Number:

Title:

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

Cities of Redondo Beach, Hermosa Beach, Manhattan Beach and El Segundo in Los Angeles County, California.

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

Replacement of transit vehicles in the existing fleet for Beach Cities Transit.

**Attach supporting documents as specified in agency instructions.**



**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant

36th Congressional District

\*b. Program/Project:

36th Congressional District

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

17. Proposed Project:

\*a. Start Date: 1/1/2013

\*b. End Date: 12/30/2014

**18. Estimated Funding (\$):**

\*a. Federal \$2,577,046.00

\*b. Applicant

\*c. State

\$596,351.00

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL

\$3,173,397.00

**\*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 9/13/2012 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)** Yes No

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

 \*\*I AGREE

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

**Authorized Representative:**

Prefix: Ms.

\*First Name: Joyce

Middle Name:

\*Last Name: Rooney

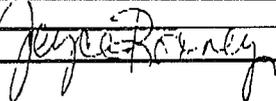
Suffix:

\*Title: Transit Operations and Transportation Facilities Manager

\*Telephone Number: (310) 318-0631, ext. 2670

Fax Number: (310) 937-6621

\*Email: joyce.rooney@redondo.org

\*Signature of Authorized Representative: 

Date Signed:

9/13/12



**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> September 13, 2012	Applicant Identifier Dept. of Food and Agriculture
			<b>3. DATE RECEIVED BY STATE</b> September 4, 2012	State Application Identifier
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 12-8506-1620-CA
<b>5. APPLICANT INFORMATION</b>				
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: Jason
County: Sacramento		Middle Name K		
State: California		Last Name Chan		
Zip Code 95814		Suffix:		
Country: United States		Email: jason.chan@cdfa.ca.gov		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0325104		Phone Number (give area code) (916) 654-1211		Fax Number (give area code) (916) 654-0555
<b>8. TYPE OF APPLICATION:</b> <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"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A - State Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care 10-025		<b>9. NAME OF FEDERAL AGENCY:</b> USDA/APHIS/PPQ		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Khapra Beetle Survey		
<b>13. PROPOSED PROJECT</b> Start Date: September 1, 2012		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 37		
Ending Date: August 31, 2013		b. Project Khapra Beetle Survey		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 130,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 13, 2012		
b. Applicant	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 66,473 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ <sup>00</sup>	<b>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.</b>		
g. TOTAL	\$ 196,473 <sup>00</sup>	a. Authorized Representative		
Prefix		First Name Kathy		Middle Name
Last Name Alameda		Suffix		
b. Title Manager, Federal Funds Management Office		c. Telephone Number (give area code) (916) 403-6525		
d. Signature of Authorized Representative		e. Date Signed		

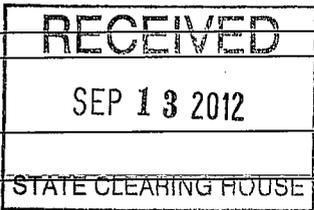


**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> September 13, 2012	Applicant Identifier Dept. of Food and Agriculture
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b> September 4, 2012	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 12-8506-1399-CA
<input type="checkbox"/> Non-Construction			

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



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

<b>8. TYPE OF APPLICATION:</b> <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)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A - State Other (specify)
---	---

<b>9. NAME OF FEDERAL AGENCY:</b> USDA/APHIS/PPQ
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-025 TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Enhanced Exotic Pest Survey
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California
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<b>13. PROPOSED PROJECT</b> Start Date: July 1, 2012 Ending Date: June 30 2013	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 1 b. Project Enhanced Exotic Pest Survey
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 6,302,659.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 13, 2012
b. Applicant \$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 744,160.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 7,046,819.00	

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.

<b>a. Authorized Representative</b>		
Prefix	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
<b>b. Title</b> Manager, Federal Funds Management Office	<b>c. Telephone Number (give area code)</b> (916) 403-6525	
<b>d. Signature of Authorized Representative</b>	<b>e. Date Signed</b>	



**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> September 13, 2012	<b>Applicant Identifier</b> Dept. of Food and Agriculture	
<input type="checkbox"/> Construction		<b>3. DATE RECEIVED BY STATE</b> September 4, 2012	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 12-8506-1621-CA	
<input type="checkbox"/> Pre-application				
<input type="checkbox"/> Construction				
<input type="checkbox"/> Non-Construction				
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b> State of California		<b>Organizational Unit:</b> Department: Food and Agriculture		
<b>Organizational DUNS:</b> 807487665		<b>Division:</b> Plant Health and Pest Prevention Services		
<b>Address:</b> Street: 1220 N Street, Room 315		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Jason		
<b>City:</b> Sacramento		<b>Middle Name</b> K		
<b>County:</b> Sacramento		<b>Last Name</b> Chan		
<b>State:</b> California		<b>Suffix:</b>		
<b>Zip Code</b> 95814		<b>Email:</b> jason.chan@cdfa.ca.gov		
<b>Country:</b> United States		<b>Phone Number (give area code)</b> (916) 654-1211		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0325104		<b>Fax Number (give area code)</b> (916) 654-0555		
<b>8. TYPE OF APPLICATION:</b> <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"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A - State Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care 10-025		<b>9. NAME OF FEDERAL AGENCY:</b> USDA/APHIS/PPQ		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Stone Fruit Commodity Survey		
<b>13. PROPOSED PROJECT</b> Start Date: September 1, 2012		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 1		
Ending Date: August 31, 2013		b. Project Stone Fruit Commodity Survey		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 120,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ <sup>00</sup>	DATE: September 13, 2012		
c. State	\$ 30,420 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 150,420 <sup>00</sup>			
<b>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.</b>				
<b>a. Authorized Representative</b>				
<b>Prefix</b>		<b>First Name</b> Kathy		<b>Middle Name</b>
<b>Last Name</b> Alameda				<b>Suffix</b>
<b>b. Title</b> Manager, Federal Funds Management Office		<b>c. Telephone Number (give area code)</b> (916) 403-6525		
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b>		



**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED September 13, 2012	Applicant Identifier Dept. of Food and Agriculture
		3. DATE RECEIVED BY STATE August 31, 2012	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-0478-CA

**5. APPLICANT INFORMATION**

Legal Name: State of California	<b>RECEIVED</b>  SEP 13 2012	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315	STATE CLEARING HOUSE	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jason
City: Sacramento		Middle Name K

County: Sacramento	Last Name Chan
State: California	Suffix:
Zip Code 95814	
Country: United States	Email: jason.chan@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:**  
 New     Continuation     Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)  
Other (specify)       

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

**9. NAME OF FEDERAL AGENCY:**  
USDA/APHIS/PPQ

**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:**  
Exotic Woodboring Beetle Survey

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

**13. PROPOSED PROJECT**

Start Date: July 1, 2012	Ending Date: June 30 2013
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**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant District 23    b. Project Exotic Woodboring Beetle Survey

**15. ESTIMATED FUNDING:**

a. Federal	\$	250,000 <sup>00</sup>
b. Applicant	\$	<sup>00</sup>
c. State	\$	0 <sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	250,000 <sup>00</sup>

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
DATE: September 13, 2012  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

**a. Authorized Representative**

Prefix	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Manager, Federal Funds Management Office	c. Telephone Number (give area code) (916) 403-6525	
d. Signature of Authorized Representative	e. Date Signed	



**Application for Federal Assistance SF-424**

Version 02

*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="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:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: Corporation for Better Housing					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322			*c. Organizational DUNS: 602791829		
d. Address:					
*Street1: 15303 Ventura Blvd., Suite 1100					
Street 2:					
*City: Sherman Oaks					
County:					
*State: California					
Province:					
Country:					
*Zip/ Postal Code: 91403					
e. Organizational Unit:					
Department Name:			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: David			
Middle Name:					
*Last Name: Sclafani					
Suffix:					
Title: Senior Vice President					
Organizational Affiliation:					
*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: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 and 10.427

CFDA Title:

Rural Rental Housing Loans and Rural Rental Assistance Program

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

Reedley, CA

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

See attached description

**Attach supporting documents as specified in agency instructions.**



**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-027

\*b. Program/Project: CA-021

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

17. Proposed Project:

\*a. Start Date: 9/1/2013

\*b. End Date: 9/1/2014

18. Estimated Funding (\$):

*a. Federal	\$3,000,000.00
*b. Applicant	\$1,062,236.00
*c. State	\$1,000,000.00
*d. Local	\$3,864,235.00
*e. Other	\$11,724,741.00
*f. Program Income	\$20,651,212.00
*g. TOTAL	

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

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

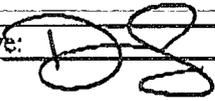
Suffix:

\*Title: Senior Vice President

\*Telephone Number: 818-905-2430

Fax Number: 818-905-2440

\*Email: dsclafani@sbcglobal.net

\*Signature of Authorized Representative: 

Date Signed: 9/14/2012



12

**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 type="checkbox"/> New		b	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision		b	
*3. Date Received:		4. Application Identifier:			
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:			
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p>SEP 14 2012</p> <p>STATE CLEARING-HOUSE</p> </div>					
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: The Regents of the University of California, on behalf of its Riverside campus					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142W			*c. Organizational DUNS: 62-779-7426		
d. Address:					
*Street 1: 200 University Office Bldg.					
Street 2:					
*City: Riverside					
County: Riverside					
*State: CA					
Province:					
Country: USA					
*Zip/ Postal Code: 92521-0217					
e. Organizational Unit:					
Department Name: Research and Economic Development Office			Division Name: Sponsored Programs Administration		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		First Name: Myrna			
Middle Name:					
*Last Name: Lindo					
Suffix:					
Title: Sr. Contract and Grant Officer					
Organizational Affiliation:					
*Telephone Number: 951-827-4815			Fax Number: 951-827-4483		
*Email: myrna.lindo@ucr.edu					



<b>Application for Federal Assistance SF-424</b>		Version 02
9. Type of Applicant 1: Select Applicant Type:	A. State Government	
Type of Applicant 2: Select Applicant Type:	- Select One -	
Type of Applicant 3: Select Applicant Type:	- Select One -	
*Other (specify):		
*10. Name of Federal Agency:	Animal and Plant Health Inspection Service	
11. Catalog of Federal Domestic Assistance Number:	10.025	
CFDA Title:	Plant and animal disease pest control and animal care	
*12. Funding Opportunity Number:	USDA-GRANTS-040212-001	
*Title:	National Clean Plant Network	
13. Competition Identification Number:		
Title:		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
*15. Descriptive Title of Applicant's Project:	The California Citrus Clean Plant Network	
<b>Attach supporting documents as specified in agency instructions.</b>		



<b>Application for Federal Assistance SF-424</b>		Version 02
16. Congressional Districts Of: <b>Riverside, CA</b>		
*a. Applicant <b>CA-044</b>	*b. Program/Project: <b>CA-044</b>	
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project:		
*a. Start Date: <b>09/23/2012</b>	*b. End Date: <b>09/22/2013</b>	
18. Estimated Funding (\$):		
*a. Federal	<b>\$820,646.00</b>	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	<b>\$820,646.00</b>	
*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 <b>09/14/2012</b> <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		
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.		
<b>Authorized Representative:</b>		
Prefix: <b>Ms</b>	*First Name: <b>Myrna</b>	
Middle Name: _____		
*Last Name: <b>Lindo</b>		
Suffix: _____		
*Title: <b>Sr. Contract and Grant Officer</b>		
*Telephone Number: <b>951-827-5535</b>	Fax Number: <b>951-827-4483</b>	
*Email: <b>awards@ucr.edu</b>		
*Signature of Authorized Representative: <i>Myrna A. Lindo</i>	Date Signed: <i>9/14/2012</i>	



<b>Application for Federal Assistance SF-424</b>		
<b>*1. Type of Submission</b>	<b>*2. Type of Application</b>	<b>*If Revision, select appropriate letter(s):</b>
<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
<b>*3. Date Received:</b>	<b>4. Application Identifier:</b> n/a	
<b>5a. Federal Entity Identifier:</b> n/a	<b>*5b. Federal Award Identifier:</b> n/a	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name: Peoples' Self Help Housing Corporation</b>		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-2750154	<b>*c. Organizational DUNS:</b> 09-641-4412	
<b>d. Address:</b>		
*Street 1: 3533 Empleo St. Street 2: *City: San Luis Obispo County: San Luis Obispo *State: CA Province: Country: USA		
*Zip/ Postal Code: 93401		
<b>i. Organizational Unit:</b>		
<b>Department Name:</b> n/a	<b>Division Name:</b> n/a	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mr.	First Name: John	
Middle Name: W.		
*Last Name: Kukulka		
Suffix:		
Title: Director of Rental Development		
Organizational Affiliation: Peoples' Self-Help Housing Corporation		
*Telephone Number: 805-540-2475	Fax Number: 805-544-1901	
*Email: johnk@pshhc.org		

RECEIVED  
SEP 14 2012  
STATE CLEARING HOUSE



**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:

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Farm Labor Housing Loans & Grants

\*12. Funding Opportunity Number: **514/516**

\*Title: **Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing**

13. Competition Identification Number:

Title:

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

**Santa Maria, Santa Barbara County, CA**

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

**LOS ADOBES DE MARIA III**

**Attach supporting documents as specified in agency instructions.**



**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of: Santa Barbara, CA

\*a. Applicant  
24th

\*b. Program/Project:  
24th

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

17. Proposed Project:

\*a. Start Date: September 2013

\*b. End Date: January 2015

18. Estimated Funding (\$):

*a. Federal	\$4,610,000.00
*b. Applicant	
*c. State	\$7,932,251.00
*d. Local	\$2,096,113.00
*e. Other	
*f. Program Income	
*g. TOTAL	\$14,638,364.00

\*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 07-002-2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes  No

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: Jeanette MAURA

Middle Name:

\*Last Name: ~~Duncan~~ SHANNON

Suffix:

\*Title: ~~Executive Director~~ ASSISTANT TREASURER

\*Telephone Number: 805-781-3088

Fax Number: 805-544-1901

\*Email: johnk@pshhc.org

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



**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

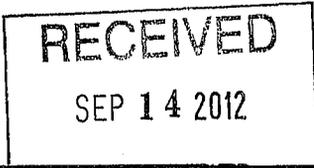
- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_



3. Date Received:

4. Applicant Identifier:

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: Dinuba Village Partners, a California Limited Partnership

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
46-3001180

\*c. Organizational DUNS:  
968997937

**d. Address:**

\*Street 1: 8446 W. Elwin Court / P.O.Box 8520

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: 569-802-1651

Fax Number: 559-651-3634

\*Email: dougp@aelfhelpenterprses.org



.....

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<p><b>*9. Type of Applicant 1: Select Applicant Type:</b>  <b>Q. For-profit Org(Other Than Small Business)</b>  Type of Applicant 2: Select Applicant Type:    Type of Applicant 3: Select Applicant Type:    *Other (Specify)</p>	
<p><b>*10 Name of Federal Agency:</b>  <b>Rural Housing Service (RHS) USDA</b></p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b>  <u>10.405/10.427</u>  <b>CFDA Title:</b>  <u>10.405 Rural Rental Housing Loans/10.427 Rural Rental Assistance Payments</u></p>	
<p><b>*12 Funding Opportunity Number:</b>  <u>N/A</u>    <b>Title:</b>  <u>N/A</u></p>	
<p><b>13. Competition Identification Number:</b>  _____    <b>Title:</b>  _____</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>  <b>Dinuba and County of Tulare</b></p>	
<p><b>*15. Descriptive Title of Applicant's Project:</b>  <b>Dinuba Village is new construction - 48 unit multi-family rental housing project with a community room and recreational facilities.</b></p>	



<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA - 021		*b. Program/Project: CA -021
<b>17. Proposed Project:</b>		
*a. Start Date: 6/15/2012		*b. End Date: 6/2013
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$2,000,000	
*b. Applicant	-0-	
*c. State	\$4,248,516	
*d. Local	\$5,298,058	
*e. Other		
*f. Program Income	\$48,105	
*g. TOTAL	\$11,592,677	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>to be submitted concurrently</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		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Peter</u>	
Middle Name: <u>N.</u>		
*Last Name: <u>Carey</u>		
Suffix: _____		
*Title: <u>President/CEO of Self Help Enterprises, General Partner</u>		
*Telephone Number: <u>659-802-1600</u>	Fax Number: <u>659-651-3634</u>	
* Email: <u>peterc@selfhelpenterprises.org</u>		
*Signature of Authorized Representative:		*Date Signed: <u>8/1/2011</u>



4. . . .

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected 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. Application Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
		STATE CLEARING HOUSE
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Corporation for Better Housing		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322		*c. Organizational DUNS: 602791829
d. Address:		
*Street1: 15303 Ventura Blvd., Suite 1100		
Street 2:		
*City: Sherman Oaks		
County:		
*State: California		
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: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 and 10.427

CFDA Title:

Rural Rental Housing Loans and Rural Rental Assistance Program

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

Pixley, 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-021**

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

17. Proposed Project:  
  
\*a. Start Date: **9/1/2013** \*b. End Date: **9/1/2014**

<b>18. Estimated Funding (\$):</b>	
*a. Federal	\$3,000,000.00
*b. Applicant	\$1,022,768.00
*c. State	
*d. Local	
*e. Other	\$4,847,629.00
*f. Program Income	
*g. TOTAL	\$8,870,397.00

**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**  
  
 a. This application was made available to the State under the Executive Order 12372 Process for review on **9/14/2012**  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372

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

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

**Authorized Representative:**

Prefix: \*First Name: **David**

Middle Name:

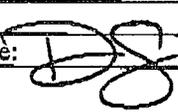
\*Last Name: **Sclafani**

Suffix:

\*Title: **Senior Vice President**

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

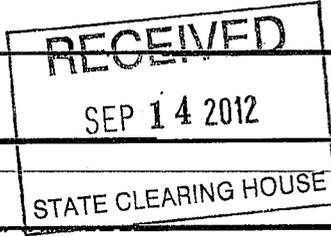
\*Email: **dsclafani@sbcglobal.net**

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



**Application for Federal Assistance SF-424** Version 02

<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> * 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:
--------------------------------	-------------------------------

**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): <u>45-3001180</u>	*c. Organizational DUNS: <u>868897937</u>
---	--

**d. Address:**

\*Street 1: 8445 W. Elwin 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: <u>Multi-Family Housing</u>	Division Name: <u>N/A</u>
---	------------------------------

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

Prefix: \_\_\_\_\_ \*First Name: Doug

Middle Name: \_\_\_\_\_

\*Last Name: Pingel

Suffix: \_\_\_\_\_

Title: Multi-Family Program Director

Organizational Affiliation:  
N/A

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

\*Email: dougp@selfhelpenterprises.org



**Application for Federal Assistance SF-424**

Version 02

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

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\*Other (Specify)

**\*10 Name of Federal Agency:**

Rural Housing Service (RHS) USDA

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

10.405/10.427

**CFDA Title:**

10.405 Rural Rental Housing Loans/10.427 Rural Rental Assistance Payments

**\*12 Funding Opportunity Number:**

N/A

**\*Title:**

N/A

**13. Competition Identification Number:**

**Title:**

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

Dinuba and County of Tulare

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

Dinuba Village is new construction - 48 unit multi-family rental housing project with a community room and recreational facilities.



<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA - 021		*b. Program/Project: CA -021
<b>17. Proposed Project:</b>		
*a. Start Date: 8/15/2012		*b. End Date: 8/2013
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$2,000,000	
*b. Applicant	-0-	
*c. State	\$4,248,616	
*d. Local	\$5,298,056	
*e. Other		
*f. Program Income	\$46,105	
*g. TOTAL	\$11,592,877	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>to be submitted concurrently</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		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<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		
<p>** 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>		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Peter</u>	
Middle Name: <u>N.</u>		
*Last Name: <u>Carey</u>		
Suffix: _____		
*Title: <u>President/CEO of Self Help Enterprises, General Partner</u>		
*Telephone Number: <u>559-802-1800</u>	Fax Number: <u>559-661-3634</u>	
* Email: <u>peterc@selfhelpenterprises.org</u>		
*Signature of Authorized Representative:		*Date Signed: <u>8/1/2011</u>



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