

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1 - 15, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

*** 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:

Dept. of Food and Agriculture

RECEIVED

5a. Federal Entity Identifier:

14-8506-1211-CA

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

SEP 03 2013

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:**

1220 N Street, Room 315

Street2:

*** City:**

Sacramento

County:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

*** First Name:**

Jason

Middle Name:

K

*** Last Name:**

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

*** Telephone Number:**

(916) 654-1211

Fax Number:

(916) 654-0555

*** Email:**

jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Asian Citrus Psyllid

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 52

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 10/1/2013

* b. End Date: 9/30/2014

18. Estimated Funding (\$):

* a. Federal 9,624,859

* b. Applicant

* c. State 1,516,377

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 11,141,236

*** 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 3, 2013.

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.) Applicant Federal Debt Delinquency 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: Middle Name: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* 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:

[REDACTED]

4. Applicant Identifier:

[REDACTED]

5a. Federal Entity Identifier:

[REDACTED]

5b. Federal Award Identifier:

[REDACTED]

RECEIVED

SFP 04 2013

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[REDACTED]

7. State Application Identifier:

[REDACTED]

8. APPLICANT INFORMATION:

* a. Legal Name:

Wasco Affordable Housing, Inc.

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

[REDACTED]

* c. Organizational DUNS:

[REDACTED]

d. Address:

* Street1:

1406 7th Street

Street2:

[REDACTED]

* City:

Wasco

County/Parish:

[REDACTED]

* State:

CA: California

Province:

[REDACTED]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93280

e. Organizational Unit:

Department Name:

[REDACTED]

Division Name:

[REDACTED]

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

Prefix:

Mr.

* First Name:

Pat

Middle Name:

[REDACTED]

* Last Name:

Newman

Suffix:

[REDACTED]

Title:

Executive Director

Organizational Affiliation:

[REDACTED]

* Telephone Number:

661-758-0566

Fax Number:

661-758-0555

* Email:

ewascoaffordabl@bak.rr.com

Application for Federal Assistance SF-424

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405/10.427

CFDA Title:

Section 514 Farm Housing Loans and Section 516 Farm Labor Housing Grants for off-farm housing for Fiscal Year 2013

*** 12. Funding Opportunity Number:**

USDA - RD 514/516

* Title:

Housing Act of 1949

13. Competition Identification Number:

Title:

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

LOST HILLS, KERN COUNTY, USA

Add Attachment

Delete Attachment

View Attachment

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

The project will consist of 60 two and three bedroom units and one community building.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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)**

RECEIVED

*** 3. Date Received:**

4. Applicant Identifier:

CA Department of Food and Agriculture

SEP 04 2013

5a. Federal Entity Identifier:

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

STATE CLEARING HOUSE
13-8506-1709-CA

State Use Only:

6. Date Received by State:

9/3/13

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

STATE OF CALIFORNIA

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:**

1220 N-Street, Suite 325

Street2:

*** City:**

Sacramento

County:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814

e. Organizational Unit:

Department Name:

Foods and Agriculture

Division Name:

Plant Health and Pest Prevention Services

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

Prefix:

*** First Name:**

Courtney

Middle Name:

*** Last Name:**

Albrecht

Suffix:

Title:

Branch Chief

Organizational Affiliation:

*** Telephone Number:**

916.654.0312

Fax Number:

916.654.0986

*** Email:**

Courtney.albrecht@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

National Ornamental Research Site at Dominican University (NORSUDUC)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA:3rd

* 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 \$50,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$50,000

*** 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.) Applicant Federal Debt Delinquency Explanation**

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

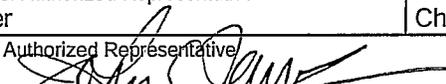
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED August 29, 2013	Applicant Identifier 04-040-952750154
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Peoples' Self-Help Housing Corporation		Organizational Unit: Homeownership Development Department	
Address (give city, county, State, and zip code): 3533 Empleo Street San Luis Obispo, CA 93401		Name and telephone number of person to be contacted on matters involving this application (give area code) Sheryl Flores 805-540-2465	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 2 7 5 0 1 5 4		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N	
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-Profit w/501C</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 4 2 0 TITLE: Section 523 Technical Assistance		9. NAME OF FEDERAL AGENCY: USDA Rural Development (523 Program)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Luis Obispo County CA and Santa Barbara County CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Applicant is applying for a Section 523 Technical Assistance Grant to construct 50 mutual self-help single family homes. San Luis Obispo County - San Miguel, CA	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/14	Ending Date 6/30/16	a. Applicant CA-023	b. Project CA-023
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,400,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>08/01/14</u>	
b. Applicant	\$ ⁰⁰	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	\$ ⁰⁰	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	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 1,400,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John Fowler		b. Title Chief Financial Officer	c. Telephone Number (805) 540-2462
d. Signature of Authorized Representative 		e. Date Signed 8/29/13	

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: _____
------------------------------	-----------------------------------

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

RECEIVED

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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SEP 09 2012

8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

* a. Legal Name: Coachella Valley Housing Coalition

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3814898	* c. Organizational DUNS: 6132810700000
---	--

d. Address:

* Street1:	45701 Monroe St., Ste. G
Street2:	_____
* City:	Indio
County/Parish:	Riverside
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92201-3937

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:	John
Middle Name:	F.		
* Last Name:	Mealey		
Suffix:	_____		
Title:	Executive Director		
Organizational Affiliation:	Coachella Valley Housing Coalition		
* Telephone Number:	7603473157	Fax Number:	7603426466
* Email:	john.mealey@cvhc.org		

Application for Federal Assistance SF-424

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:
[Empty field]

Type of Applicant 3: Select Applicant Type:
[Empty field]

* Other (specify):
[Empty field]

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

U.S.D.A Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:
Farm Labor Housing Loan and Grant / Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

MBL-SF424 Family-All Forms

* Title:
Section 514 Farm Labor (FLH) Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2013

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

Mecca, Riverside County, California

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

Paseo de los Heroes III is an 81 unit farmworker project with a mix of: 16-2bd/1ba, 53-3bd/2ba, 11-4bd/2ba units & 1-3bd/2ba managers unit plus a community room, computer lab & fitness space/equipment

Attach supporting documents as specified in agency instructions.

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="3,951,100.00"/>
* b. Applicant	<input type="text" value="242,704.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="1,400,000.00"/>
* e. Other	<input type="text" value="16,558,541.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="22,152,345.00"/>

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

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

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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 218, Section 1001)**

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

*** 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:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

13-8506-1710-CA

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

State Use Only:

6. Date Received by State: January 25, 2013

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

68-0325104

* c. Organizational DUNS:

807487665

d. Address:

* Street1: 1220 N Street, Room 315

Street2:

* City: Sacramento

County:

* State: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: California Department of Food and Agriculture

Division Name: Plant Health & Pest Prevention Services

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

Prefix: * First Name: Jason

Middle Name: K

* Last Name: Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

* Email: jason.chan@cdfa.ca.gov

RECEIVED
SEP 09 2013
STATE CLEARING HOUSE

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:**

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

European Grapevine Moth - Napa and surrounding quarantine counties

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 9/15/2013

* b. End Date: 9/14/2014

18. Estimated Funding (\$):

* a. Federal 1,100,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 1,100,000

*** 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 9, 2013

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.) Applicant Federal Debt Delinquency 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: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative:

* 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:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: 50 Stadium Rd., L.P.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): To be obtained			*c. Organizational DUNS: To be obtained		
d. Address:					
*Street 1: 5947 Variel Avenue					
Street 2:					
*City: Woodland Hills.					
County: Los Angeles					
*State: CA					
Province:					
Country:					
*Zip/ Postal Code: 91367					
c. 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					

RECEIVED

SEP 09 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Limited Partnership with nonprofit Managing General Partner

*10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 & 10.427

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Madera, 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-019**

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

17. Proposed Project:

*a. Start Date: **July 2014**

*b. End Date: **July 2015**

18. Estimated Funding (\$):

*a. Federal **\$2,000,000.00**

*b. Applicant **\$778,653.00**

*c. State

*d. Local

*e. Other **\$7,656,869.00**

*f. Program Income

*g. TOTAL **\$10,435,522.00**

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

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

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: *First Name: **David**

Middle Name:

*Last Name: **Sclafani**

Suffix:

*Title: **Senior Vice President**

*Telephone Number: **818-905-2430**

Fax Number: **818-905-2440**

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

*Signature of Authorized Representative: 

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

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:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: 1550 San Juan Rd., L.P.			
* b. Employer/Taxpayer Identification Number (EIN/TIN): To be obtained		*c. Organizational DUNS: To be obtained	
d. Address:		RECEIVED SEP 09 2013 STATE CLEARING HOUSE	
*Street1: 5947 Varlel Avenue			
Street 2:			
*City: Woodland Hills.			
County: Los Angeles			
*State: CA			
Province:		*Zip/ Postal Code: 91367	
Country:			
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

9. Type of Applicant 1: Select Applicant Type: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Limited Partnership with nonprofit Managing General Partner

*10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 & 10.427

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Hollister, 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-017

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

17. Proposed Project:

*a. Start Date: July 2014

*b. End Date: July 2015

18. Estimated Funding (\$):

*a. Federal \$2,000,000.00

*b. Applicant \$1,500,000.00

*c. State

*d. Local

*e. Other \$13,733,540.00

*f. Program Income

*g. TOTAL \$17,233,540.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 9/9/13
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: *First Name: David

Middle Name:

*Last Name: Sclafani

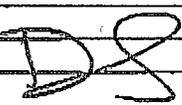
Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430

Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: 

Date Signed: 9/9/13

OMB Number: 4010-0003
Expiration Date: 04/30/2012

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:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: 100 Healdsburg Ave., L.P.			
* b. Employer/Taxpayer Identification Number (EIN/TIN): To be obtained		*c. Organizational DUNS: To be obtained	
d. Address:			
*Street1: 5947 Variel Avenue			
Street 2:			
*City: Woodland Hills,			
County: Los Angeles			
*State: CA			
Province:			
Country:			
*Zip/ Postal Code: 91367			
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		SEP 09 2013
Middle Name:			
*Last Name: Sclafani			STATE CLEARING HOUSE
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

9. Type of Applicant 1: Select Applicant Type: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Limited Partnership with nonprofit Managing General Partner

*10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 & 10.427

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Cloverdale, 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-002**

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

17. Proposed Project:

*a. Start Date: **July 2014**

*b. End Date: **July 2015**

18. Estimated Funding (\$):

*a. Federal **\$2,000,000.00**

*b. Applicant **\$1,200,000.00**

*c. State

*d. Local

*e. Other **\$10,432,334.00**

*f. Program Income

*g. TOTAL **\$13,632,334.00**

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

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

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: *First Name: **David**

Middle Name:

*Last Name: **Sclafani**

Suffix:

*Title: **Senior Vice President**

*Telephone Number: **818-905-2430**

Fax Number: **818-905-2440**

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

*Signature of Authorized Representative: 

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

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:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: 1625 San Carlos St., L.P.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): To be obtained			*c. Organizational DUNS: To be obtained		
d. Address:					
*Street 1: 5947 Variel Avenue					
Street 2:					
*City: Woodland Hills.					
County: Los Angeles					
*State: CA					
Province:					
Country:					
*Zip/ Postal Code: 91367					
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					

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SEP 09 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version: 02

9. Type of Applicant 1: Select Applicant Type: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Limited Partnership with nonprofit Managing General Partner

*10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 & 10.427

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Selma, 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-020

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

17. Proposed Project:

*a. Start Date: July 2014

*b. End Date: July 2015

18. Estimated Funding (\$):

*a. Federal \$3,000,000.00

*b. Applicant \$1,500,000.00

*c. State

*d. Local

*e. Other \$12,836,743.00

*f. Program Income

*g. TOTAL \$17,336,743.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?** a. This application was made available to the State under the Executive Order 12372 Process for review on 9/9/13 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. 1237220. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)** Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: *First Name: David

Middle Name:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430

Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: 

Date Signed: 9/9/13

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:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: S. Fairfax Rd., L.P.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): To be obtained			*c. Organizational DUNS: To be obtained		
d. Address:					
*Street1: 5947 Variel Avenue					
Street 2:					
*City: Woodland Hills.					
County: Los Angeles					
*State: CA					
Province:					
Country:					
*Zip/ Postal Code: 91367					
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					

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SEP 09 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Limited Partnership with nonprofit Managing General Partner

*10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 & 10.427

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Lamont, 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-020

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

17. Proposed Project:

*a. Start Date: July 2014

*b. End Date: July 2015

18. Estimated Funding (\$):

*a. Federal \$2,480,000.00

*b. Applicant \$1,275,000.00

*c. State

*d. Local

*e. Other \$10,659,158.00

*f. Program Income

*g. TOTAL \$14,414,158.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 9/9/13
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

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

 **I AGREE

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

Authorized Representative:

Prefix: *First Name: David

Middle Name:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430

Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: 

Date Signed: 9/9/13

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 type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		

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

Sa. 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: 1112 S. I St, L.P.

* b. Employer/Taxpayer Identification Number (EIN/TIN): To be obtained	*c. Organizational DUNS: To be obtained
---	--

d. Address:	<p>RECEIVED</p> <p>SEP 09 2013</p> <p>STATE CLEARING HOUSE</p>
*Street1: 5947 Variel Avenue	
Street 2:	
*City: Woodland Hills. County: Los Angeles	
*State: CA Province: Country:	

*Zip/ Postal Code: 91367

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

9. Type of Applicant 1: Select Applicant Type: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Limited Partnership with nonprofit Managing General Partner

*10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 & 10.427

CFDA Title:

*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

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: July 2014

*b. End Date: July 2015

18. Estimated Funding (\$):

*a. Federal \$2,320,000.00

*b. Applicant \$591,250.00

*c. State

*d. Local

*e. Other \$7,128,063.00

*f. Program Income

*g. TOTAL \$10,039,313.00

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

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

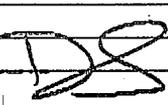
Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430

Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: 

Date Signed: 9/9/13

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"/> Continuation	* Other (Specify)	
<input type="checkbox"/> Application	<input type="checkbox"/> Revision			
<input type="checkbox"/> Changed/Corrected Application				

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

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

State Use Only:
6. Date Received by State: _____ 7. State Application Identifier: _____

8. APPLICANT INFORMATION:

* a. Legal Name: Vista Montana Phase II, LP

*b. Employer/Taxpayer Identification Number (EIN/TIN): 46-0953529 *c. Organizational DUNS: 13-552-6148

d. Address:

*Street1: 16935 W. Bernardo Drive, Suite 238
Street 2:
*City: San Diego
County:
*State: CA
Province:
Country: USA

*Zip/ Postal Code: 92127

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SEP 10 2013

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: Pacific Southwest Community Development Corporation
Division Name:

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

Prefix: Mr First Name: Matt
Middle Name:
*Last Name: Grosz
Suffix:

Title: Project Manager

Organizational Affiliation: Chelsea Investment Corporation, Developer

*Telephone Number: (760)456-6000 Fax Number: (760) 456-6001

*Email: mgrosz@chelseainvestco.com

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):
Non-Profit 501 (c) 3

*10. Name of Federal Agency:
Rural Housing Service, USDA; Rural Development

11. Catalog of Federal Domestic Assistance Number:
10.405 & 10.427

CFDA Title:
**10.405: Farm Labor Housing Loans and Grants
10.427: Rural Rental Assistance Payments**

*12. Funding Opportunity Number:

*Title:
Notice of Funding Availability (NOFA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal year (FY) 2013

13. Competition Identification Number: **N/A**

Title:
N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):
Coachella, Riverside County, CA

*15. Descriptive Title of Applicant's Project:
Vista Montana Apartments - Phase II (New Multifamily Affordable Housing Project)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

CA-052

*b. Program/Project:

CA-45

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

N/A

17. Proposed Project:

*a. Start Date: December 2014

*b. End Date: December 2015

18. Estimated Funding (\$):

*a. Federal

\$0.00

*b. Applicant

*c. State

See attached

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

\$0.00

*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 9/10/13
 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: Robert

Middle Name:

*Last Name: Laing

Suffix:

*Title: President, Pacific Southwest Community Development Corporation

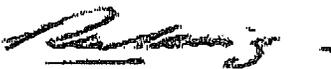
*Telephone Number: (858) 675-0506

Fax Number: (858) 675-0702

*Email: robertlaing@pswcdc.org

*Signature of Authorized Representative:

Date Signed: 9/5/13



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):
Non-Profit 501 (c) 3

*10. Name of Federal Agency:
Rural Housing Service, USDA; Rural Development

11. Catalog of Federal Domestic Assistance Number:
10.405 & 10.427

CFDA Title:
**10.405: Farm Labor Housing Loans and Grants
10.427: Rural Rental Assistance Payments**

*12. Funding Opportunity Number:

*Title:
Notice of Funding Availability (NOFA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal year (FY) 2013

13. Competition Identification Number: **N/A**

Title:
N/A

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

Imperial, Imperial County, CA

*15. Descriptive Title of Applicant's Project:

Las Palmeras Apartments (New Multifamily Affordable Housing Project)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-052

*b. Program/Project: CA-051

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

N/A

17. Proposed Project:

*a. Start Date: December 2014

*b. End Date: December 2015

18. Estimated Funding (\$):

*a. Federal \$0.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$0.00

See attached

*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 9/10/13
- 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: Robert

Middle Name:

*Last Name: Laing

Suffix:

*Title: President, Pacific Southwest Community Development Corporation

*Telephone Number: (858) 675-0506

Fax Number: (858) 675-0702

*Email: robertlaing@pswcdc.org

*Signature of Authorized Representative:

Date Signed: 9/5/2013



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:

Completed by Grants.gov up

4. Applicant Identifier:

[]

RECEIVED
SEP 10 2013

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

[] STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

6. APPLICANT INFORMATION:

* a. Legal Name:

Cabrillo Economic Development Corporation

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

95-3681521

* c. Organizational DUNS:

143969368

d. Address:

* Street1:

702 County Square Drive

Street2:

[]

* City:

Ventura

County/Parish:

Ventura County

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93003

e. Organizational Unit:

Department Name:

[]

Division Name:

Real Estate Development

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

Prefix:

Ms.

* First Name:

Jodie

Middle Name:

L

* Last Name:

Solorio

Suffix:

[]

Title:

Project Manager

Organizational Affiliation:

Employee

* Telephone Number:

(805) 671-5473

Fax Number:

(805) 647-4419

* Email:

jsolorio@cabrilloedc.org

Application for Federal Assistance SF-424

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

M: Nonprofit with 501C3 IRS status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

E: Regional Organization

*** Other (specify):**

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

United States Department of Agriculture Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405

CFDA Title:

Farm Labor Housing Loan

*** 12. Funding Opportunity Number:**

Section 514

*** Title:**

Farm Labor Housing Loan for Off Farm Housing and Rental Assistance

13. Competition Identification Number:

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Etting Road Apartments; 40 units (30 units + manager's unit), housing development in Oxnard, CA for farmworker and low-income households

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-024

* b. Program/Project CA-023

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

17. Proposed Project:

* a. Start Date: 9-15-2014

* b. End Date: 12-15-2015

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>
* 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"/>

* 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 218, Section 1004)

** 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: Karen
Middle Name: M
* Last Name: Flock
Suffix:

* Title: Real Estate Development Director

* Telephone Number: (805) 672-2576 Fax Number: (805) 647-4419

* Email: kflock@cabrilloedc.org

* Signature of Authorized Representative: 

* Date Signed: 9-12-15

OMB Number: 40-10-004
Expiration Date: 04/30/2012

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: SEP 10 2013		
STATE CLEARING HOUSE					
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: 424 Juniper St., L.P.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): To be obtained			*c. Organizational DUNS: To be obtained		
d. Address:					
*Street 1: 5947 Varlei Avenue					
Street 2:					
*City: Woodland Hills.					
County: Los Angeles					
*State: CA					
Province:					
Country:					
*Zip/ Postal Code: 91367					
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: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Limited Partnership with nonprofit Managing General Partner

*10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 & 10.427

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Escondido, 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-050

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

17. Proposed Project:

*a. Start Date: July 2014

*b. End Date: July 2015

18. Estimated Funding (\$):

*a. Federal	\$2,000,000.00
*b. Applicant	\$1,260,000.00
*c. State	
*d. Local	
*e. Other	\$10,792,416.00
*f. Program Income	
*g. TOTAL	\$14,052,416.00

***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 9/10/13
- 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: Sciafani

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: 9/10/13



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

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:

Completed by Grants.gov up

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:

Cabrillo Economic Development Corporation

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

95-3681521

* c. Organizational DUNS:

143969368

d. Address:

* Street1:

702 County Square Drive

Street2:

* City:

Ventura

County/Parish:

Ventura County

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93003

e. Organizational Unit:

Department Name:

Division Name:

Real Estate Development

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

Prefix:

Ms.

* First Name:

Jodie

Middle Name:

L

* Last Name:

Solorio

Suffix:

Title:

Project Manager

Organizational Affiliation:

Employee

* Telephone Number:

(805) 671-5473

Fax Number:

(805) 647-4419

* Email:

jsolorio@cabrilloedc.org

RECEIVED
SEP 10 2013
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

E: Regional Organization

* Other (specify):

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

United States Department of Agriculture Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405

CFDA Title:

Farm Labor Housing Loan

*** 12. Funding Opportunity Number:**

Section 514

* Title:

Farm Labor Housing Loan for Off Farm Housing and Rental Assistance

13. Competition Identification Number:

Title:

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

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

Etting Road Apartments; 40 units (30 units + manager's unit), housing development in Oxnard, CA for farmworker and low-income households

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-024

* b. Program/Project CA-023

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 9-15-2014

* b. End Date: 12-15-2015

18. Estimated Funding (\$):

* a. Federal	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* 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 in attachment.)

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment Delete Attachment View Attachment

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

** 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: Karen Middle Name: M * Last Name: Flock Suffix:

* Title: Real Estate Development Director

* Telephone Number: (805) 672-2576 Fax Number: (805) 647-4419

* Email: kflock@cabrilloedc.org

* Signature of Authorized Representative: [Handwritten Signature]

* Date Signed: 9-12-13

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): _____ * Other (Specify): _____
---	---	--

* 3. Date Received: _____	4. Applicant Identifier: California Department of Food and Agriculture
-------------------------------------	--

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: 13-8506-0572-CA
--	---

State Use Only:	RECEIVED
6. Date Received by State: 9/9/2013	7. State Application Identifier: _____

8. APPLICANT INFORMATION:	SEP 11 2013
----------------------------------	-------------

* a. Legal Name: State of California	STATE CLEARING HOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665

d. Address:	
* Street1:	1220 N Street
Street2:	Room 325
* City:	Sacramento
County:	_____
* State:	CA
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-5603

e. Organizational Unit:	
Department Name: Food and Agriculture	Division Name: Plant Health and Pest Prevention Services

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: _____	* First Name: Courtney
Middle Name: _____	
* Last Name: Albrecht	
Suffix: _____	
Title: Branch Chief	
Organizational Affiliation: _____	

* Telephone Number: (916) 654-0312	Fax Number: (916) 654-0986
---	-----------------------------------

* Email: Courtney.Albrecht@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Phytophthora ramorum

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA: 3rd

* 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 2,055,244

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 2,055,244

*** 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.) Applicant Federal Debt Delinquency Explanation**

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 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:

California Department of Food and Agriculture

RECEIVED

5a. Federal Entity Identifier:

[]

* 5b. Federal Award Identifier:

13-8506-1165-CA

SEP 11 2013

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State: 9/4/2013

7. State Application Identifier: []

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

68-0325104

* c. Organizational DUNS:

807487665

d. Address:

* Street1: 1220 N Street

Street2: Room 325

* City: Sacramento

County: []

* State: CA

Province: []

* Country:

USA: UNITED STATES

* Zip / Postal Code: 95814-5603

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health and Pest Prevention Services

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

Prefix: []

* First Name:

Courtney

Middle Name: []

* Last Name:

Albrecht

Suffix: []

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: (916) 654-0312

Fax Number:

(916) 654-0986

* Email: Courtney.Albrecht@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Detector Dog Team

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA: 3rd

* b. Program/Project Statewide

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

17. Proposed Project:

* a. Start Date: 7/1/2013

* b. End Date: 6/30/2014

18. Estimated Funding (\$):

* a. Federal \$2,958,462

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$2,958,462

* 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 9/10/13
- 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.) Applicant Federal Debt Delinquency 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: Crystal
Middle Name:
* Last Name: Myers
Suffix:

* Title: Federal Funds Manager

* Telephone Number: (916) 403-6653 Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative: *Crystal Myers* * Date Signed: 9/10/13

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):

RECEIVED

* 3. Date Received:

4. Applicant Identifier:

California Department of Food and Agriculture

SEP 11 2013

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

13-8506-0497-CA

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: 8/29/2013

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

68-0325104

* c. Organizational DUNS:

807487665

d. Address:

* Street1:

1220 N Street

Street2:

Room 325

* City:

Sacramento

County:

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 95814-5603

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health and Pest Prevention Services

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

Prefix:

* First Name:

Courtney

Middle Name:

* Last Name:

Albrecht

Suffix:

Title:

Branch Chief

Organizational Affiliation:

* Telephone Number:

(916) 654-0312

Fax Number:

(916) 654-0986

* Email:

Courtney.Albrecht@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Red Imported Fire Ant

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA: 3rd

* 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 120,030

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$120,030

* 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.) Applicant Federal Debt Delinquency Explanation

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

RECEIVED

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
--	---

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: SEP 11 2013 <input type="text"/>
---	---

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. APPLICANT INFORMATION:

* a. Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	* c. Organizational DUNS: 6045919250000

d. Address:

* Street1:	ANR Office of Contracts and Grants, University of California
Street2:	225 Hopkins Road
* City:	Davis
County/Parish:	
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	95616-5370

e. Organizational Unit:

Department Name: ANR Office of Contracts and Grants	Division Name: AGRICULTURE & NATURAL RESOURCES
--	---

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

Prefix: <input type="text"/>	* First Name: Kassim
Middle Name: <input type="text"/>	
* Last Name: Al-Khatib	
Suffix: <input type="text"/>	
Title: Director, Statewide IPM Program	

Organizational Affiliation: University of California Statewide IPM Program

* Telephone Number: 330 752-8350	Fax Number: 530 752-6004
---	---------------------------------

*** Email:** kalkhatib@ucdavis.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

California

Add Attachment

Delete Attachment

View Attachment

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

Effective implementation of IPM standard to improve water quality

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-03

* b. Program/Project: CA-03

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 09/09/2013

* b. End Date: 09/30/2014

18. Estimated Funding (\$):

* a. Federal	\$10,000.00
* b. Applicant	\$10,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$20,000.00

*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 09/11/2013
- 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

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Kendra

Middle Name:

* Last Name: Rose

Suffix:

* Title: Contracts and Grants Analyst

* Telephone Number: 530-754-2976 Fax Number:

* Email: ktrose@uedavis.edu

* Signature of Authorized Representative: 

* Date Signed: 9.11.13

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):**

_____ **RECEIVED**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

_____ **SEP 11 2013**

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

_____ **STATE CLEARING HOUSE**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Gold Ridge Resource Conservation District

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

94-2466509

*** c. Organizational DUNS:**

6153247900000

d. Address:

*** Street1:**

2776 Sullivan Rd

Street2:

*** City:**

Sebastopol

County/Parish:

Sonoma

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95472-9620

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:**

Noelle

Middle Name:

*** Last Name:**

Johnson

Suffix:

Title:

Conservation Planner

Organizational Affiliation:

Gold Ridge Resource Conservation District

*** Telephone Number:**

(707) 823-5244

Fax Number:

(707) 823-5243

*** Email:**

Noelle@goldridgercd.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

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

11.469

CFDA Title:

Congressionally Identified Awards and Projects

*** 12. Funding Opportunity Number:**

NOAA-NFA-NFAPO-2012-2003133

* Title:

FY 2012 - 2013 Broad Agency Announcement (BAA)

*** 13. Competition Identification Number:**

2253320

Title:

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

BWC_Location_Feb2013_WJH.pdf

Add Attachment

Delete Attachment

View Attachment

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

Bodega Water Company Large Storage Tank Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,487,918.58"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="435,500.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,923,418.58"/>

*** 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

Add Attachment

Delete Attachment

View Attachment

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

** 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:

Dept. of Food and Agriculture

RECEIVED

5a. Federal Entity Identifier:

13-8506-1710-CA

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

SEP 11 2013

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

January 25, 2013

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:**

1220 N Street, Room 315

Street2:

*** City:**

Sacramento

County:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

*** First Name:**

Jason

Middle Name:

K

*** Last Name:**

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

*** Telephone Number:**

(916) 654-1211

Fax Number:

(916) 654-0555

*** Email:**

jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

European Grapevine Moth - Napa and surrounding quarantine counties

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 9/15/2013

* b. End Date: 9/14/2014

18. Estimated Funding (\$):

* a. Federal 1,100,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 1,100,000

*** 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 9, 2013.

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.) Applicant Federal Debt Delinquency 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: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative:

* 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		RECEIVED	

*3. Date Received:	4. Application Identifier:
	SEP 11 2013

Sa. Federal Entity Identifier:	*5b. Federal Award Identifier:
	STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: 1550 San Juan Rd., L.P.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): To be obtained	*c. Organizational DUNS: To be obtained

d. Address:

*Street1: 5947 Variel Avenue
Street 2:

*City: Woodland Hills.
County: Los Angeles
*State: CA
Province:

Country: *Zip/ Postal Code: 91367

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: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Limited Partnership with nonprofit Managing General Partner

*10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

Section 10.405 & 10.427

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Hollister, 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-017**

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

17. Proposed Project:

*a. Start Date: **July 2014**

*b. End Date: **July 2015**

18. Estimated Funding (\$):

*a. Federal	\$2,480,000.00
*b. Applicant	\$1,428,750.00
*c. State	
*d. Local	\$14,169,718.00
*e. Other	
*f. Program Income	
*g. TOTAL	\$18,078,468.00

***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 **9/11/13**
- 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: *First Name: **David**

Middle Name:

*Last Name: **Sclafani**

Suffix:

*Title: **Senior Vice President**

*Telephone Number: **818-905-2430**

Fax Number: **818-905-2440**

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

*Signature of Authorized Representative: 

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

Application for Federal Assistance SF-424

*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. Applicant Identifier:		RECEIVED SEP 09 2013
Completed by Grants.gov upon submission.	Amelia Ross		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier: STATE CLEARING HOUSE	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: WP Palmer Family Apartments, LP			
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:	
46-3558391		079118418	
d. Address:			
* Street 1:	310 N. Westlake Blvd., Suite 210		
Street 2:			
* City:	Westlake Village		
County/Parish:			
* State:	California		
Province:			
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	91362		
e. Organizational Unit:			
Department Name:		Division Name:	
California Limited Partnership			
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		* First Name:	Amelia
Middle Name:			
* Last Name:	Ross		
Suffix:			
Title:	Director		
Organizational Affiliation:			
Willow Partners, LLC			
* Telephone Number:	(805) 379-8555	Fax Number:	(805) 379-8556
* Email:	aross@willowpartners.com		

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loan / Section 514

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY-ALL FORMS

13. Competition Identification Number:

Title:

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

Huron, Fresno County, California

Add Attachments

Delete Attachments

View Attachments

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

Palmer Apts: a 56 unit farm labor housing complex, with 24/2 bdrm units, 32/3 bdrm units & a comm bldg. w/ an addtl 3 bdrm mgr unit located on the SW corner of Palmer Ave. & Siskiyou Ave. in Huron, Fresno County, CA. APN: 0075-032-83S (7.56 acres)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$2,000,000.00"/>
* b. Applicant	<input type="text" value="\$200,000.00"/>
* c. State	<input type="text" value="\$10,014,138.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="\$1,076,226.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$13,290,364.00"/>

*** 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
- 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

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 218, Section 1001)**

**** I AGREE**

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 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:

Dept. of Food and Agriculture

RECEIVED

5a. Federal Entity Identifier:

13-8506-1399-CA

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

SEP 12 2013

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

September 9, 2013

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:**

1220 N Street, Room 315

Street2:

*** City:**

Sacramento

County:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

*** First Name:**

Jason

Middle Name:

K

*** Last Name:**

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

*** Telephone Number:**

(916) 654-1211

Fax Number:

(916) 654-0555

*** Email:**

jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Enhanced Exotic Pest Surveys

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 7/1/2013

* b. End Date: 6/30/2014

18. Estimated Funding (\$):

* a. Federal 5,810,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 5,810,000

*** 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 12, 2013

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.) Applicant Federal Debt Delinquency 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: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424 Version 02

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

RECEIVED

SEP 12 2013

*3. Date Received:	<p>4. Application Identifier: Southern California Regional Rail Authority</p>
---------------------------	--

5a. Federal Entity Identifier: 5802	*5b. Federal Award Identifier: FTA Section 5337
---	---

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** Southern California Regional Rail Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663	*c. Organizational DUNS: 8361404750000
--	--

d. Address:

***Street1:** One Gateway Plaza, 12th Floor

Street 2:

***City:** Los Angeles

County:

***State:** California

Province:

Country: USA ***Zip/ Postal Code:** 90012

e. Organizational Unit:

Department Name: Grants Administration	Division Name: Finance
--	----------------------------------

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

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

Title: Manager, Capital Budgets & Grants Administration

Organizational Affiliation:

*Telephone Number: (213) 452-0233	Fax Number:
--	--------------------

***Email:** daughertyY@scrra.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **D. Special District 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:
 *Title: **State of Good Repair Program**

13. Competition Identification Number:
 Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Los Angeles County, Orange County, San Bernardino County, Riverside County and Ventura County

*15. Descriptive Title of Applicant's Project:
Rehabilitation of track, structures, signals, communication systems, facilities, information systems, vehicles and rolling stock.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

*a. Applicant: **Southern California Regional Rail Authority** *b. Program/Project: **Annual Metrolink Rehabilitation**

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

17. Proposed Project:

*a. Start Date: 2/1/2014 *b. End Date: 7/20/2017

18. Estimated Funding (\$):

*a. Federal \$10,460,797.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$10,460,797.00

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Michael

Middle Name:

*Last Name: DePallo

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (213) 452-0258

Fax Number:

*Email: depallo@scrra.net

*Signature of Authorized Representative: *Michael DePallo* Date Signed: 9-11-13

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	*If Revision, select appropriate letter(s): A - Increase Award
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify) RECEIVED
<input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> Revision	A - Increase Award
*3. Date Received:	4. Application Identifier: SEP 12 2013 Southern California Regional Rail Authority	
5a. Federal Entry Identifier: 5802	*5b. Federal Award Identifier: STATE CLEARING HOUSE FTA Section 5309	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Southern California Regional Rail Authority		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663	*c. Organizational DUNS: 8361404750000	
d. Address:		
*Street1: One Gateway Plaza, 12th Floor		
Street 2:		
*City: Los Angeles		
County:		
*State: California		
Province:		
Country: USA		
*Zip/ Postal Code: 90012		
e. Organizational Unit:		
Department Name: Grants Administration		Division Name: Finance
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		First Name: Yolanda
Middle Name:		
*Last Name: Daugherty		
Suffix:		
Title: Manager, Capital Budgets & Grants Administration		
Organizational Affiliation:		
*Telephone Number: (213) 452-0233		Fax Number:
*Email: daughertyY@scrra.net		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: **D. Special District 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:

*Title:
Fixed Guideway Modernization Program

13. Competition Identification Number:

Title:

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

Los Angeles County, Orange County, San Bernardino County

*15. Descriptive Title of Applicant's Project:

Rehabilitation of track, structures, signals, communication systems, facilities, information systems and rolling stock.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

*a. Applicant: Southern California Regional Rail *b. Program/Project: Annual Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 2/1/2014 *b. End Date: 7/20/2017

18. Estimated Funding (\$):

*a. Federal	\$4,062,440.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$4,062,440.00

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Michael

Middle Name:

*Last Name: DePallo

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (213) 452-0258

Fax Number:

*Email: depalom@scrra.net

*Signature of Authorized Representative: *Michael DePallo*

Date Signed: 7-11-13

Application for Federal Assistance SF-424

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SEP 12 2013

STATE CLEARING HOUSE

*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 checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision		A - Increase Award	
*3. Date Received:		4. Application Identifier: Southern California Regional Rail Authority			
5a. Federal Entry Identifier: 5802		*5b. Federal Award Identifier: FTA Section 5307			
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Southern California Regional Rail Authority					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663			*c. Organizational DUNS: 8361404750000		
d. Address:					
*Street1: One Gateway Plaza, 12th Floor					
Street 2:					
*City: Los Angeles					
County:					
*State: California					
Province:					
Country: USA					
*Zip/ Postal Code: 90012					
e. Organizational Unit:					
Department Name: Grants Administration			Division Name: Finance		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: Yolanda			
Middle Name:					
*Last Name: Daugherty					
Suffix:					
Title: Manager, Capital Budgets & Grants Administration					
Organizational Affiliation:					
*Telephone Number: (213) 452-0233					
Fax Number:					
*Email: daughertyY@scrra.net					

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: **D. Special District 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:

*Title:
Urbanized Area Formula Program

13. Competition Identification Number:

Title:

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

Los Angeles County, Ventura County, San Bernardino County

*15. Descriptive Title of Applicant's Project:

Rehabilitation of track, signals and communication systems.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

*a. Applicant: Southern California Regional Rail Authority *b. Program/Project: Annual Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 2/1/2014 *b. End Date: 6/30/2015

18. Estimated Funding (\$):

*a. Federal	\$2,767,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$2,767,000.00

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Michael

Middle Name:

*Last Name: DePallo

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (213) 452-0258 Fax Number:

*Email: depalom@scrra.net

*Signature of Authorized Representative: *Michael DePallo* Date Signed: 9-11-13

Application for Federal Assistance SF-424

Version 02

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

RECEIVED

SEP 13 2013
STATE CLEARING HOUSE

3. Date Received:	4. Applicant Identifier:
-------------------	--------------------------

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

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

8. APPLICANT INFORMATION:

*a. Legal Name: South County Housing Corporation	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2590572	*c. Organizational DUNS: 09-854-2202

d. Address:	
*Street 1:	<u>7455 Carmel Street</u>
Street 2:	_____
*City:	<u>Gilroy</u>
County:	<u>Santa Clara County</u>
*State:	<u>California</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>95020</u>

e. Organizational Unit:	
Department Name: Real Estate Department	Division Name:

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

Prefix: <u>Mr</u>	*First Name: <u>Seth</u>
Middle Name: <u>T.</u>	
*Last Name: <u>Capron</u>	
Suffix: _____	

Title: <u>Sr. Project Manager</u>

Organizational Affiliation: <u>South County Housing Full Time Staff Member</u>

*Telephone Number: <u>408-843-9253</u>	Fax Number: <u>408-842-0277</u>
--	---------------------------------

*Email: <u>seth@scounty.com</u>

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency: USDA, Rural Development	
11. Catalog of Federal Domestic Assistance Number: 10.405 CFDA Title: Farm Labor Housing (Notice of Funds Available for Section 514 Farm Labor Housing Loan)	
*12 Funding Opportunity Number: N/A *Title: Notice of Funds Available for Section 514 Farm Labor Housing Loan for FY 2013	
13. Competition Identification Number: N/A Title: _____	
14. Areas Affected by Project (Cities, Counties, States, etc.): State: California. County: Monterey. Cities: Soledad, Gonzalez, Chualar, Salinas, Greenfield, and King City.	
*15. Descriptive Title of Applicant's Project: Camphora Apartments	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 17 th		*b. Program/Project: CA-017
17. Proposed Project:		
*a. Start Date: 09/01/2014		*b. End Date: 06/30/2015
18. Estimated Funding (\$):		
*a. Federal	a)	2,834,173
*b. Applicant	b)	1,844,694
*c. State	c)	4,500,000
*d. Local	d)	950,000
*e. Other		
*f. Program Income	e)	5,466,794
*g. TOTAL	g)	15,595,661
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>09/11/13</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.	_____	*First Name: John _____
Middle Name:	_____	
*Last Name:	Cesare _____	
Suffix:	_____	
*Title: CFO		
*Telephone Number: 408-843-9272	Fax Number: 408-842-0277	
* Email: jcesare@scounty.com		
*Signature of Authorized Representative: 		*Date Signed: 09/11/2013