Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16-30, 2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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SEP 17 2007
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
AD 15744 06 60

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Asociacion Nacional Pro Personas Mayores

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-652-7300

*c. Organizational DUNS:
02-073-6880

d. Address:

*Street 1: 234 E. Colorado Blvd., Suite 300
Street 2:
*City: Pasadena,
County: Los Angeles
*State: California
Province:
*Country: USA
*Zip / Postal Code 91101

e. Organizational Unit:

Department Name:
National Office

Division Name:

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

Prefix: Dr.
*First Name: Carmela
Middle Name: G.
*Last Name: Lacayo
Suffix:

Title: President/CEO

Organizational Affiliation:
ANPPM

*Telephone Number: (626) 564-1988
Fax Number: (626) 564-2659

*Email: anppm@aol.com

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:**

Department of Labor, Employment and Training Administration

11. Catalog of Federal Domestic Assistance Number:

17-235

CFDA Title:

Senior Community Service Employment Program

***12 Funding Opportunity Number:**

SGA-DFA-PY-06-13

*Title:

Program Year 2007 Planning Instructions and Allotments for ALL SCSEP Applicants

13. Competition Identification Number:

Title:

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

Arizona, California, District of Columbia, Louisiana, Pennsylvania ***See Attached for County Breakout**

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

To provide employment services to low-income older workers who are 55 years of age or older, under the Older Americans Act of 2006, Title V Senior Community Services Employment Program.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: see attached for Congressional Dist. *b. Program/Project:

17. Proposed Project:

*a. Start Date: July 1, 2007 *b. End Date: June 30, 2008

18. Estimated Funding ($):

*a. Federal	9,138,254
*b. Applicant	
*c. State	
*d. Local	
*e. Other	1,015,362
*f. Program Income	
*g. TOTAL	10,153,616

***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 09-12-07

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Dr. *First Name: Carmela

Middle Name: G.

*Last Name: Lacayo

Suffix:

*Title: President/CEO

*Telephone Number: (626) 564-1988 Fax Number: (626) 564-2659

* Email: anppm@aol.com

*Signature of Authorized Representative: *Date Signed: 09-12-07

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: District 1 - DC
* b. Program/Project: Multiple

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2007
* b. End Date: 06/30/2008

18. Estimated Funding ($):

* a. Federal	$28,096,593.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	$3,121,844.00
* f. Program Income	
* g. TOTAL	$31,218,437.00

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*** 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.
- [x] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] **** 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:	James
Middle Name:	
* Last Name:	Firman
Suffix:	
* Title:	President
* Telephone Number:	202.479.6601
Fax Number:	202.479.0735
* Email:	james.firman@ncoa.org
* Signature of Authorized Representative:	James P. Firman
* Date Signed:	9/13/07

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Labor, ETA

11. Catalog of Federal Domestic Assistance Number:

17-235

CFDA Title:

Title V, SCSEP National Grant Funds "G"

*** 12. Funding Opportunity Number:**

OWI-DAS

* Title:

13. Competition Identification Number:

Title:

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

Multiple, see Attachment A

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

Program Year 2007 - SCSEP offering community service and employment training opportunities for older workers.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

Application
- ☒ Construction
- ☒ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming and Policy Analysis

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Nela De Castro
(213) 922-6166

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

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

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

State Chartered Transit District

8. TYPE OF APPLICATION:

X New ☐ Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20-507
TITLE 49 U.S.C. § 5307

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
CA-90-Y594 – Bus Acquisition

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
City and County of Los Angeles, CA

13. PROPOSED PROJECT

Start Date	Ending Date
106/14/02	06/30/09

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
25 through 39, 42, 46	Same as Applicant

15. ESTIMATED FUNDING

a Federal	$	3,950,000.00
b Applicant	$	.00
c State	$	.00
d Local	$	987,500.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	4,937,500

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

a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE 9/12/07

b NO ☐ PROGRAM IS NOT COVERED BY E O 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

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

a Typed Name of Authorized Representative	b Title	c Telephone number
Gladys Lowe	Director Regional Program Management	(213) 922-2459

d. Signature of Authorized Representative	e. Date Signed
[signature]	9-12-2007

Previous Editions Not Usable

Standard Form 424 REV 4/88
Prescribed by OMB Circular A-102

Form 424 OMB Approval No. 0348-0043

Application for Federal Assistance

2. Date Submitted: **27-Jul-06**

3. Applicant Identifier:

1. Type of Submission Application

Application Amendment: Preaplication

[ ] Constuction [ ] Construction

[X] Non-Constuction [ ] Non-Construction

3. Date received State:

4. Date received by Federal Agency:

State Application Identifier:

Federal Identifier: **CA-90-Y525**

5. Applicant Information

6. Legal Name: **San Mateo County Transit District (SamTrans)**

Address *(give city, county, state, and zip)*
1250 San Carlos Avenue
San Carlos, San Mateo County
California 94070-1306

Name and telephone of contact person *(give area code)*
Rebecca Arthur, Capital Programming and Grants Administrator
(650) 508-6368

6. Employer Identification Number (EIN): **9 4 2325976**

7. Type of Applicant *(enter appropriate letter in box)* **G**

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermural
G. Special District
H. Independent School Dst.
I. State Controlled Institution of higher learning.
J. Private University
K. Indian Tribe
L. Profit Insitution
M. Other: MPO

8. Type of Application

[X] new [ ] continuation [ ] Revision

If revision, enter appropriate letter(s) in boxes: [ ] [ ]

A. Increased Award B. Decreased Award
C. Increase Award D. Decrease Duration
Other *(specify)* :

10. Catalog of federal domestic assistance number: **20507**
Section 5307 Program

9. Name of federal Agency:
Federal Transit Administration

11. Descriptive title of applicant project
FY07 Capital Grant - SamTrans

12. Areas affected by project:
San Mateo County

13. Proposed Projects in Grant
Start Date: **6/5/2006**
End Date: **12/31/2009**

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STATE CLEARING HOUSE

15. Estimated Funding for amended projects

a. Federal	**$5,854,440**
b. Applicant	
c. State	
d. Local	**$1,354,316**
f. Program Income	
e. Other	
g. TOTAL	**$7,208,756**

14. Congressional Districts of:
a. Applicant: **12 & 14**
B. Project: **12 & 14**

16. Is application subject to review by state executive 12372 process? **Yes**
a. Yes this preaplication/application was made available to the state executive order 12372 process review on
Date: **09/21/07**
b. No [ ] Program is not covered by E.). 12372
or [ ] or program has notbeen selected by state for review

17. Is the applicant delinquent on any federal debt?
[ ] Yes.(attach an explanation)
[X] No.

18. To the best of my knowledge and belief, all data in this application preaplication 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 assistance is awarded.

a. Typed Name of Authorized Representative: **Michael J. Scanlon**

b. Title: **General Manager**

c. Telephone Number: **(650) 508-6221**

d. Signature of Authorized representative: M J Scanlon

e. Date Signed: 9/12/07

Previous versions of 424 form Not usuable

Standard Form 424 Rev 4-881

N:Capital Budget\samTrans\CorrespondenceLettersemos\ Form 424-FY03-04

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier
Langer - 20080281

3. DATE RECEIVED BY STATE

State Application Identifier

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

4. Federal Identifier
DE-PS02-07ER07-02 - Renewal

RECEIVED
SEP 1 8 2007
STATE CLEARING HOUSE

5. APPLICANT INFORMATION Organizational DUNS: 094878394

* Legal Name: The Regents of the University of California
Department: Physics Division:
* Street1: 3019 Broida Hall Street2:
* City: Santa Barbara County: Santa Barbara * State: CA: Califor
Province: * Country: UNITED ST * ZIP / Postal Code: 93106

Person to be contacted on matters involving this application
Prefix: * First Name: Cara Middle Name: * Last Name: Egan-Williams Suffix:
* Phone Number: 805/963-8809 Fax Number: 805/893-2611 Email: proposals@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*:
95-6006145W

7. * TYPE OF APPLICANT:
H: Public/State Controlled Institution of Higher Education

Other (Specify):

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

Small Business Organization Type
☐ Women Owned ☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration
☐ D. Decrease Duration ☐ E. Other *(specify)*

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
81.049
TITLE: Office of Science Financial Assistance Program

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Theories of Strongly Nonequilibrium Phenomena, Especially Deformation and Fracture in Solids

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

13. PROPOSED PROJECT:
* Start Date: 04/01/2008 * Ending Date: 03/31/2011

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

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. * First Name: James Middle Name: S. * Last Name: Langer Suffix:
Position/Title: Research Professor * Organization Name: The Regents of the University of California
Department: Physics Division:
* Street1: 3019 Broida Hall Street2:
* City: Santa Barbara County: Santa Barbara * State: CA: Califor
Province: * Country: UNITED ST * ZIP / Postal Code: 93106
* Phone Number: 805/893-7597 Fax Number: 805/893-8838 * Email: langer@physics.ucsb.edu

OMB Number: 4040-0001
Expiration Date: 04/30/2008

SF 424 (R&R) APPL ION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding: 400,024.00

b. * Total Federal & Non-Federal Funds: 400,024.00

c. * Estimated Program Income: 0.00

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

a. YES [✓] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 09/20/2007

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

[✓] * I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Cara		Egan-Williams	

* Position/Title: Sponsored Projects Officer
* Organization: The Regents of the University of California
Department: Physics
Division:
* Street1: 3227 Cheadle Hall
Street2:
* City: Santa Barbara
County: Santa Barbara
* State: CA: Califor
Province:
* Country: UNITED ST
* ZIP / Postal Code: 93106
* Phone Number: 805/893-8809
Fax Number: 805/893-2611
* Email: egan-williams@research.ucsb.edu

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

Cara Egan-Williams

*** Date Signed**
Completed on submission to Grants.gov

9/18/07

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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

Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED: 09/19/2007

Applicant Identifier: Langer - 20060261

3. DATE RECEIVED BY STATE:

State Application Identifier:

1. * TYPE OF SUBMISSION

[ ] Pre-application [ ] Application
[✓] Changed/Corrected Application

4. Federal Identifier: DE-PS02-07ER07-02 - Renewal

5. APPLICANT INFORMATION — *** Organizational DUNS:** 094878394

* Legal Name: The Regents of the University of California

Department: Physics — Division:

* Street1: 3019 Broida Hall — Street2:

* City: Santa Barbara — County: Santa Barbara — * State: CA: Califor

Province: — * Country: JNITED ST — * ZIP / Postal Code: 93106

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Person to be contacted on matters involving this application

Prefix: — * First Name: Cara — Middle Name: — * Last Name: Egan-Williams — Suffix:

* Phone Number: 805/983-8809 — Fax Number: 805/893-2611 — Email: proposals@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-6006145W

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

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

Other (Specify):

Small Business Organization Type
[ ] Women Owned [ ] Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
[ ] A. Increase Award [ ] B. Decrease Award [ ] C. Increase Duration
[ ] D. Decrease Duration [ ] E. Other *(specify)*

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

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

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Theories of Strongly Nonequilibrium Phenomena, Eapecially Deformation and Fracture in Solids

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

13. PROPOSED PROJECT:
* Start Date: 04/01/2008 — * Ending Date: 03/31/2011

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: 23rd — b. * Project: 23rd

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. — * First Name: James — Middle Name: S. — * Last Name: Langer — Suffix:

Position/Title: Research Professor — * Organization Name: The Regents of the University of California

Department: Physics — Division:

* Street1: 3019 Broida Hall — Street2:

* City: Santa Barbara — County: Santa Barbara — * State: CA: Califor

Province: — * Country: JNITED ST. — * ZIP / Postal Code: 93106

* Phone Number: 805/893-7597 — Fax Number: 805/893-8838 — * Email: langer@physics.ucsb.edu

OMB Number: 4040-0001
Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	400,024.00
b. * Total Federal & Non-Federal Funds	400,024.00
c. * Estimated Program Income	0.00

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

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

DATE: 09/19/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☑ *** I agree**

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Cara		Egan-Williams	

* Position/Title:	Sponsored Projects Officer	* Organization:	The Regents of the University of California
Department:	Office of Research	Division:	
* Street1:	3227 Cheadle Hall	Street2:	UCSB
* City:	Santa Barbara	County:	Santa Barbara
* State:	CA: Califon	Province:	
* Country:	JNITED ST	* ZIP / Postal Code:	93106
* Phone Number:	805/893-8809	Fax Number:	805/893-2611
* Email:	eganwilliams@research.ucsb.edu		

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

Cara Egan-Williams

*** Date Signed**

Completed on submission to Grants.gov

9/19/07

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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

Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: AARP Foundation Programs

*b. Employer/Taxpayer Identification Number (EIN/TIN): 52-0794300

*c. Organizational DUNS: 119721533

d. Address:

*Street 1: 601 E Street NW
Street 2:
*City: Washington
County:
*State: DC
Province:
*Country: USA
*Zip / Postal Code 20049

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STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: Senior Community Service Employment Program

Division Name: AARP Foundation Programs

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

Prefix: Mr.
*First Name: James
Middle Name: F.
*Last Name: Seith
Suffix:

Title: National Program Director, Senior Community Service Employment Program

Organizational Affiliation: AARP Foundation

*Telephone Number: 202-434-2030
Fax Number: 202-434-6446

*Email: jseith@aarp.org

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Labor, Employment and Training Administration

11. Catalog of Federal Domestic Assistance Number:

17-235

CFDA Title:

Senior Community Service Employment Program

***12 Funding Opportunity Number:**

SGA/DFA PY 06-13.

*Title:

PY 2007 Planning Instructions and Allotments for All SCSEP Applicants

13. Competition Identification Number:

Title:

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

See Attached

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

The Senior Community Service Employment Program is a work training program for mature workers who are 55+ and are at or below 125% of the poverty guidelines. The goal is to upgrade job readiness skills and place into unsubsidized employment off the program.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: DC-00 *b. Program/Project: See Attached

17. Proposed Project:

*a. Start Date: July 1, 2007 *b. End Date: June 30, 2008

18. Estimated Funding ($):

*a. Federal	$74,930,786
*b. Applicant	$8,325,643
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$83,256,429

***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 14, 2007.

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Susan

Middle Name: A.

*Last Name: Miler

Suffix:

*Title: Director, AARP Foundation Programs

*Telephone Number: 202-434-2145 Fax Number: 202-434-6446

* Email: smiler@aarp.org

*Signature of Authorized Representative: Susan A. Miler *Date Signed: 9/13/07

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

Application for Federal Assis ce SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Experience Works, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 52-0817955

*c. Organizational DUNS: 07-010-4203

d. Address:

*Street 1: 2200 Clarendon Blvd., Suite 1000
Street 2:
*City: Arlington
County: Arlington
*State: Virginia
Province:
*Country: USA
*Zip / Postal Code 22201

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e. Organizational Unit:

Department Name: Experience Works, Inc.

Division Name: Experience Works, Inc.

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

Prefix: Mrs. *First Name: Sally
Middle Name:
*Last Name: Boofer
Suffix:

Title: Vice President of Program Operations

Organizational Affiliation:

*Telephone Number: 703-522-7272 Fax Number: 703-522-0141

*Email: sally_boofer@experienceworks.org

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Labor, ETA, Older Worker Division

11. Catalog of Federal Domestic Assistance Number:

17.235

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Multiple Counties - See Attachment - Geographic areas to be served

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

Senior Community Service Employment Program (SCSEP). This project will provide subsidized, part-time opportunities in community service employment for low income persons age 55 and over.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: Virginia, 8th District *b. Program/Project: Multiple

17. Proposed Project:

*a. Start Date: 7/1/07 *b. End Date: 6/30/08

18. Estimated Funding ($):

*a. Federal	94,007,951
*b. Applicant	
*c. State	
*d. Local	
*e. Other	10,444,772
*f. Program Income	
*g. TOTAL	104,452,723

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 9/13/07

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mrs. *First Name: Sally

Middle Name:

*Last Name: Boofer

Suffix:

*Title: Vice President of Program Operations

*Telephone Number: 703-522-7272 Fax Number: 703-522-0141

* Email: sally_boofer@experienceworks.org

*Signature of Authorized Representative: Sally Boofer *Date Signed: 9/7/07

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application
- [x] Construction
- [ ] Non-Construction

Preapplication
- [ ] Construction
- [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Lindsay

Organizational Unit: n/a

Address *(give city, county, State, and zip code)*:
P.O. Box 369
Lindsay, CA 93247

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Scot B. Townsend 559-562-7103

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 — 6 0 0 0 3 5 7

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

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

8. TYPE OF APPLICATION:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, enter appropriate letter(s) in box(es) [ ] [ ]

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other*(specify)*:

9. NAME OF FEDERAL AGENCY:
USDA

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

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Street Repairs

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12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Lindsay, Tulare County, California

13. PROPOSED PROJECT

Start Date	Ending Date
3/1/08	9/1/09

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
21	21

15. ESTIMATED FUNDING:

a. Federal USDA	$ 3,000,000.00
b. Applicant	$ .00
c. State C.I.W.M.B.	$ 225,000.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 3,225,000.00

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

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

DATE 09/18/07

b. No. [ ] PROGRAM IS NOT COVERED BY E. O. 12372
[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes If "Yes," attach an explanation. [x] No

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Scot B. Townsend	City Manager	(559) 562-7103
d. Signature of Authorized Representative		e. Date Signed 9/18/07

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION	**2. DATE SUBMITTED**	**Applicant Identifier**
	3. DATE RECEIVED BY STATE	**State Application Identifier**
○ Pre-application ● Application ○ Changed/Corrected Application	**4. Federal Identifier** DE-FG02-04ER46162	

5. APPLICANT INFORMATION *** Organizational DUNS:** 046705849

* Legal Name: Regents of the University of California
Department: Research Administration — Division:
* Street1: 300 University Tower — Street2:
* City: Irvine — County: Orange — * State: CA: California
Province: — * Country: USA: UNITED STATES — * ZIP / Postal Code: 92697-7600

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Darlene	K.	Sullivan	

* Phone Number: (949)824-0341 — Fax Number: (949)824-2094 — Email: dksulliv@uci.edu

6. * EMPLOYER IDENTIFICATION NUMBER *(EIN) or (TIN)*: 95-2226406

7. * TYPE OF APPLICANT H: Public/State Controlled Institution of Higher Education

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

Other (Specify):

Small Business Organization Type ○ Women Owned ○ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
○ A. Increase Award ○ B. Decrease Award ○ C. Increase Duration
○ D. Decrease Duration ○ E. Other *(specify)*:

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Biomimetic 3D Network Polymers Containing Reversibly Unfoldable Modules (RUM's) for Strong and Tough Materials

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

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13. PROPOSED PROJECT:
* Start Date: 03/01/2008 — * Ending Date: 02/28/2011

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: 48 — b. * Project: 48

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Prof.	Zhibin		Guan	

Position/Title: Professor of Chemistry — * Organization Name: Regents of the University of California
Department: Chemistry — Division: Physical Sciences
* Street1: 1102 Natural Scineces II — Street2:
* City: Irvine — County: Orange — * State: CA: California
Province: — * Country: USA: UNITED STATES — * ZIP / Postal Code: 92697-2025
* Phone Number: (949)824-5172 — Fax Number: (949)824-2210 — * Email: zguan@uci.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	$510,785.00
b. * Total Federal & Non-Federal Funds	$510,785.00
c. * Estimated Program Income	$0.00

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

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

DATE: 08/31/2007

b. NO ○ PROGRAM IS NOT COVERED BY E.O. 12372; OR

○ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

● * I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Darlene	K.	Sullivan	

* Position/Title: Contract & Grant Officer
* Organization Name: Regents of the University of California
Department: Research Administration
Division:
* Street1: 300 University Tower
Street2:
* City: Irvine
County: Orange
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 92697-7600
* Phone Number: (949)824-0341
Fax Number: (949)824-2094
* Email: dksulliv@uci.edu

*** Signature of Authorized Representative** Darlene Sullivan

*** Date Signed** 08/31/2007

20. Pre-application File Name: Mime Type:

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

File Name: Mime Type:

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
○ Pre-application ● Application ○ Changed/Corrected Application	4. Federal Identifier DE-FG02-04ER54736	

5. APPLICANT INFORMATION * Organizational DUNS:0467058490000

* Legal Name: Regents of the University of California, Irvine
Department: Sponsored Projects — Division: Office of Research Admin.
* Street1: 300 University Tower — Street2:
* City: Irvine — County: Orange — * State: CA: California
Province: — * Country: USA: UNITED STATES — * ZIP / Postal Code: 92697-7600

Person to be contacted on matters involving this application
Prefix: — * First Name: Darlene — Middle Name: K. — * Last Name: Sullivan — Suffix:
* Phone Number: 949-824-0341 — Fax Number: 949-824-2094 — Email: dksulliv@uci.edu

6. * EMPLOYER IDENTIFICATION NUMBER *(EIN) or (TIN)*: 95-2226406

7. * TYPE OF APPLICANT H: Public/State Controlled Institution of Higher Education

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

Other (Specify):
Small Business Organization Type ○ Women Owned ○ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
○ A. Increase Award ○ B. Decrease Award ○ C. Increase Duration ○ D. Decrease Duration ○ E. Other *(specify)*:

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
TITLE: Office of Science Financial Assistance Program

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11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Theoretical Studies of Drift-Alfven and Energetic-Particle Physics in Fusion Plasmas

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

13. PROPOSED PROJECT:
* Start Date: 02/15/2008 — * Ending Date: 12/14/2008

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: 46 — b. * Project: US-all

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. — * First Name: Liu — Middle Name: — * Last Name: Chen — Suffix: PhD
Position/Title: Professor and PI — * Organization Name: Regents of the University of California, Irvine
Department: Physics & Astronomy — Division: Physical Sciences
* Street1: 4129 Frederick Reines Hall — Street2:
* City: Irvine — County: Orange — * State: CA: California
Province: — * Country: USA: UNITED STATES — * ZIP / Postal Code: 92697-4575
* Phone Number: 949-824-3530 — Fax Number: 949-824-2174 — * Email: liuchen@uci.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	$250,965.00
b. * Total Federal & Non-Federal Funds	$250,965.00
c. * Estimated Program Income	$0.00

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

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

DATE: 08/24/2007

b. NO ○ PROGRAM IS NOT COVERED BY E.O. 12372; OR

○ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

● * I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Darlene	K.	Sullivan	

* Position/Title: Grants Officer
* Organization Name: Regents of the University of California, Irvine
Department: Sponsored Projects
Division: Office of Research Admin.
* Street1: 300 University Tower
Street2:
* City: Irvine
County: Orange
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 92697-7600
* Phone Number: 949-824-0341
Fax Number: 949-824-2094
* Email: dksulliv@uci.edu

*** Signature of Authorized Representative** Darlene Sullivan

*** Date Signed** 08/17/2007

20. Pre-application File Name: Mime Type:

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

File Name: Mime Type:

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier

1. * TYPE OF SUBMISSION

○ Pre-application ● Application
○ Changed/Corrected Application

4. Federal Identifier
DE-FG02-04ER15611

5. APPLICANT INFORMATION *** Organizational DUNS:**046705649

* Legal Name: The Regents of the University of California
Department: Office of Research Admin. Division: Sponsored Projects
* Street1: 300 University Tower Street2:
* City: Irvine County: Orange * State: CA: California
Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 92697-7600

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Darlene	K.	Sullivan	

* Phone Number: 949-824-0341 Fax Number: 949-824-2094 Email: dksulliv@uci.edu

6. * EMPLOYER IDENTIFICATION NUMBER *(EIN) or (TIN)*:
95-2226406

7. * TYPE OF APPLICANT
H: Public/State Controlled Institution of Higher Education

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

Other (Specify):
Small Business Organization Type
○ Women Owned ○ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
○ A. Increase Award ○ B. Decrease Award ○ C. Increase Duration
○ D. Decrease Duration ○ E. Other *(specify)*:

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
81.049
TITLE: Office of Science Financial Assistance Program

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
First Principles, Investigations And Simulations For Catalytic Properties Of Au Nanoclusters On Oxide Surfaces

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

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13. PROPOSED PROJECT:

* Start Date	* Ending Date
10/01/2007	09/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant	b. * Project
CA-46	CA-46

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Prof.	Ruqian		Wu	PhD

Position/Title: Professor * Organization Name: The Regents of the University of California
Department: Physics and Astronomy Division: School of Physical Sciences
* Street1: 4129 Frederick Reines Hall Street2:
* City: Irvine County: Orange * State: CA: California
Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 92697-7600
* Phone Number: 949-824-7640 Fax Number: 949-824-2174 * Email: wur@uci.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding $302,278.00
b. * Total Federal & Non-Federal Funds $302,278.00
c. * Estimated Program Income $0.00

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

a. YES ● THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 08/20/2007
b. NO ○ PROGRAM IS NOT COVERED BY E.O. 12372; OR
○ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

● * I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Darlene	K.	Sullivan	

* Position/Title: Contract and Grant Officer
* Organization Name: The Regents of the University of California
Department: Office of Research Admin.
Division: Sponsored Projects
* Street1: 300 University Tower
Street2:
* City: Irvine
County: Orange
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 92697-7600
* Phone Number: 949-824-0341
Fax Number: 949-824-2094
* Email: dksulliv@uci.edu

*** Signature of Authorized Representative** Darlene Sullivan

*** Date Signed** 08/20/2007

20. Pre-application File Name: Mime Type:

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

File Name: Mime Type:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 5/29/2007	Applicant Identifier	
3. DATE RECEIVED BY STATE N/A	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 5/29/2007	Federal Identifier B-07-UC-06-0503	

1. TYPE OF SUBMISSION:

Application	Pre-application
☑ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of San Bernardino	**Organizational Unit:** Department: Department of Community Development and Housing
Organizational DUNS: 009241659	Division: Community Development
Address: Street: 290 North "D" Street, Sixth Floor	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: David
City: San Bernardino	Middle Name M.
County: San Bernardino	Last Name Larsen
State: CA Zip Code 92415-0040	Suffix:
Country: United States of America	Email: dlarsen@cdh.sbcounty.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6002748	Phone Number (give area code) (909) 388-0959 / Fax Number (give area code) (909) 388-0929

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8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

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

B. County

Other (specify)

9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218

TITLE (Name of Program): CDBG Entitlement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

2007-08 Community Development Block Grant (CDBG); Multiple CDBG activities including capital improvements, public services, housing preservation and economic development.

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

Unincorporated San Bernardino County and 13 cooperating cities.

13. PROPOSED PROJECT

Start Date:	Ending Date:
7/1/07	6/30/08

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
25, 26, 41, 42, 43	25, 26, 41, 42, 43

15. ESTIMATED FUNDING:

a. Federal	$ 8,171,128.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ 1,658,500.00
g. TOTAL	$ 9,829,628.00

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

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 6/1/2007

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix Mr.	First Name Paul	Middle Name
Last Name Biane		Suffix
b. Title Chairman, County Board of Supervisors		c. Telephone Number (give area code) (909) 387-4833
d. Signature of Authorized Representative		e. Date Signed MAY 29 2007

Previous Edition Usable
Authorized for Local Reproduction

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

County Counsel
Approved 5-23-07
By Deputy

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

Version 02

Application for Federal Assistance SF-424

***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:
N.Nonprofit w/o 501C3 IRS Status(Oth Than High Edu

Type of Applicant 3: Select Applicant Type:

***Other (Specify)**

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STATE CLEARING HOUSE

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

11-300

CFDA Title:
PUBLIC WORKS AND ECONOMIC DEVELOPMENT PROGRAM

***12 Funding Opportunity Number:**

***Title:**

13. Competition Identification Number:

Title:

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

Sun Valley/City of Los Angeles/Los Angeles County/California

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

Development and construction of: HEALTH-CARE JOB TRAINING, DEVELOPMENT and PLACEMENT CENTER.

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

Version 02

Application for Federal Assistance SF-424

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☐ New	
☐ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: SUN VALLEY CARE DEVELOPMENT, INC.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3945028

*c. Organizational DUNS:

d. Address:

*Street 1: 9000 SUNLAND BLVD.
Street 2:
*City: SUN VALLEY
County: LOS ANGELES
*State: CALIFORNIA
Province:
*Country: USA
*Zip / Postal Code 91352-2049

e. Organizational Unit:

Department Name: n/a

Division Name: n/a

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

Prefix: *First Name: ROBERT
Middle Name: D.
*Last Name: NYDAM
Suffix:

Title: Acting Executive Director

Organizational Affiliation:

*Telephone Number: (818) 504-5164 Fax Number: (818) 504-5158

*Email: nydam@earthlink.net

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 28th HOWARD L. BERMAN *b. Program/Project: 28th H. L. BERMAN

17. Proposed Project:

*a. Start Date: 01/2008 *b. End Date: 01/2009

18. Estimated Funding ($):

*a. Federal	2,820,000
*b. Applicant	2,820,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	5,640,000

***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.)**

☐ 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: ROBERT

Middle Name: D.

*Last Name: NYDAM

Suffix: _____

*Title: Acting, Executive Director

*Telephone Number: (818) 504-6154 Fax Number: (818) 504-6160

* Email: nydams@earthlink.net

*Signature of Authorized Representative: *Date Signed:

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: WOODLAKE FIRE PROTECTION DISTRICT

Organizational DUNS: 171579527

Address:

Street: 216 E NARANJO

City: Woodlake

County: TULARE

State: CALIFORNIA

Zip Code: 93286

Country: U.S.A.

Organizational Unit:

Department: FIRE DEPARTMENT

Division: FIRE SUPPRESSION

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

Prefix: First Name: JOSE

Middle Name: C.

Last Name: PEREZ

Suffix:

Email: WOODLAKEFIRE@SBCGLOBAL.NET.COM

Phone Number (give area code): 559-564-2181

Fax Number (give area code): 559-564-0266

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001525

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

G SPECIAL DISTRICT

Other (specify)

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program): FIRE APPARATUS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PURCHASE NEW FIRE TRUCK

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): WOODLAKE CALIFORNIA TULARE COUNTY

13. PROPOSED PROJECT

Start Date: 12-01-07

Ending Date: 10-01-08

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

15. ESTIMATED FUNDING: $200,000.00

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

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

a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix: First Name: JOSE Middle Name: C.

Last Name: PEREZ Suffix:

b. Title: FIRE CHIEF

c. Telephone Number (give area code): 559-564-2181

d. Signature of Authorized Representative:

e. Date Signed: 09-17-07

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☒ Preapplication	☒ New	
☐ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

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STATE CLEARING HOUSE

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: CITY of CALEXICO

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000-684

*c. Organizational DUNS:

d. Address:

*Street 1: 608 HEBER AVENUE
Street 2:
*City: CALEXICO
County: IMPERIAL
*State: CALIFORNIA
Province:
*Country:
*Zip / Postal Code 92231

e. Organizational Unit:

Department Name: Division Name:

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

Prefix: MS *First Name: ROSALIND
Middle Name:
*Last Name: GUERRERO
Suffix:

Title: REDEVELOPMENT & ECONOMIC DEVELOPMENT DIRECTOR

Organizational Affiliation:
CITY of CALEXICO

*Telephone Number: (760) 768-2177 Fax Number: (760) 357-3831

*Email: rguerrero@calexico.ca.gov

Application for Federal Assistance SF-424 Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

11-300

CFDA Title:

PUBLIC WORKS AND ECONOMIC DEVELOPMENT PROGRAM

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

CITY of CALEXICO, IMPERIAL COUNTY, CALIFORNIA

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

DEVELOPMENT OF INFRASTRUCTURE: WATER, SEWER, STREET IMPROVEMENTS, IN SUPPORT OF INDUSTRIAL PARK DEVELOPMENT.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 51st BOB FILNER *b. Program/Project: 51st BOB FILNER

17. Proposed Project:

*a. Start Date: 04/08 *b. End Date: 01/09

18. Estimated Funding ($):

*a. Federal	3,000,000
*b. Applicant	3,105,217
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	6,105,217

***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: RALPH

Middle Name:

*Last Name: VELEZ

Suffix:

*Title: CITY MANAGER

*Telephone Number: (760) 768-2110 Fax Number: (760) 357-3831

* Email: ralphv@calexico.gov

*Signature of Authorized Representative: Ralph Velez *Date Signed: 9/24/07

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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STATE CLEARING HOUSE

* a. Legal Name: Santa Barbara County Flood Control & Water Conservation Dist

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956002833

* c. Organizational DUNS: 010718658

d. Address:

* Street1: 123 E. Anapamu St.
Street2:
* City: Santa Barbara
County: Santa Barbara
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93101

e. Organizational Unit:

Department Name: Public Works

Division Name: Water Resources

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

Prefix: Mr.
* First Name: Matthew
Middle Name:
* Last Name: Griffin
Suffix:

Title: Civil Engineer

Organizational Affiliation:

* Telephone Number: 805-884-6074
Fax Number: 805-568-3434

* Email: mgriff@cosbpw.net

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

Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001032

* Title:

FY2008 Community-based Habitat Restoration Project Grants

13. Competition Identification Number:

2076128

Title:

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

Santa Barbara County, City of Carpinteria

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

Gobernador Debris Basin Modification Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-023
* b. Program/Project: CA-023

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

Add Attachment

17. Proposed Project:

* a. Start Date: 05/01/2008
* b. End Date: 09/30/2008

18. Estimated Funding ($):

* a. Federal	450,000.00
* b. Applicant	250,000.00
* c. State	1,076,990.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,776,990.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 09/26/2007.
- [ ] 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
- [x] 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)**

- [x] ** 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: Jon

Middle Name:

* Last Name: Frye

Suffix:

* Title: Engineering Manager

* Telephone Number: 805-567-3444 Fax Number: 805-568-3434

* Email: jfrye@cosbpw.net

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

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
1-954002138-A2	

State Use Only:

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

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles Conservation Corps

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-4002138	161928122

d. Address:

* Street1:	605 W. Olympic Blvd., Suite 450
Street2:	
* City:	Los Angeles
County:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90015

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Mr.	* First Name:	Phil
Middle Name:			
* Last Name:	Matero		
Suffix:			

Title: Deputy Director

Organizational Affiliation:

* Telephone Number:	(213) 362-9000, ext. 243	Fax Number:	(213) 362-7950

* Email: pmatero@lacorps.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit 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:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001032

* Title:

FY2008 Community-based Habitat Restoration Project Grants

13. Competition Identification Number:

2076128

Title:

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

City of Rancho Palos Verdes and other coastal cities along the Palos Verdes Peninsula in Southern California

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

SEA Lab Abalone Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 31
* b. Program/Project: 36

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05/01/2008
* b. End Date: 04/30/2010

18. Estimated Funding ($):

* a. Federal	235,419.00
* b. Applicant	147,013.00
* c. State	0.00
* d. Local	0.00
* e. Other	142,650.00
* f. Program Income	0.00
* g. TOTAL	525,082.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 09/26/2007.
- [ ] 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
- [x] 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)**

- [x] ** 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: Bruce
Middle Name:
* Last Name: Saito
Suffix:

* Title: Executive Director
* Telephone Number: (213) 362-9000, ext. 203
Fax Number: (213) 362-7950
* Email: bsaito@lacorps.org
* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.

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

Version 02

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: CDF/OFFICE OF STATE FIRE MARSHAL

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0306069

* c. Organizational DUNS: 949093272

d. Address:

* Street1: 3950 Paramount Blvd. #210
Street2:
* City: Lakewood
County: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90712

e. Organizational Unit:

Department Name: CALIFORNIA STATE FIRE MARSHAL

Division Name: Pipeline Safety

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

Prefix: Mr.
* First Name: Robert
Middle Name: Geoffrey
* Last Name: Gorham
Suffix:

Title: Division Chief

Organizational Affiliation:

* Telephone Number: 562-497-9102
Fax Number: 562-497-9104

* Email: bob.gorham@fire.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Pipeline &Hazardous Material Safety Administration

11. Catalog of Federal Domestic Assistance Number:

20.700

CFDA Title:

Pipeline Safety

*** 12. Funding Opportunity Number:**

PHMSA-BASEGRANT-HAZLIQC

* Title:

PHMSA Pipeline Safety Program Base Grant (Hazardous Liquid - Certification)

13. Competition Identification Number:

Title:

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

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

CDF/OFFICE OF STATE FIRE MARSHAL Pipeline Safety Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 5
* b. Program/Project: CA-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2008
* b. End Date: 12/31/2008

18. Estimated Funding ($):

* a. Federal	1,346,950.00
* b. Applicant	0.00
* c. State	1,346,950.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,693,900.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 09/27/2007.
- [ ] 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
- [x] No

Explanation

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

- [x] **** 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: Geoffrey
* Last Name: Gorham
Suffix:

* Title: Division Chief

* Telephone Number: 562-497-9102
Fax Number: 562-497-9104

* Email: bob.gorham@fire.ca.gov

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[ ] Preapplication	[✓] New	
[✓] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	(none assigned)

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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
(none assigned)	(leave blank)

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Resource Conservation District of Santa Cruz County

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000-534	146209874

d. Address:

* Street1:	820 Bay Avenue, Suite 128
Street2:	
* City:	Capitola
County:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95010

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Mr.	* First Name:	Karl
Middle Name:	Wilson		
* Last Name:	Fieberling		
Suffix:			

Title: Pajaro Grant Administrator

Organizational Affiliation:

* Telephone Number:	831-464-2950	Fax Number:	831-475-3215

* Email: kfieberling@rcdsantacruz.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001032

* Title:

FY2008 Community-based Habitat Restoration Project Grants

13. Competition Identification Number:

2076128

Title:

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

Project is located in Santa Clara County, California, on Sycamore Creek.
Sycamore Creek flows into Uvas Creek, which flows into the Pajaro River.
The Pajaro River flows into the Monterey Bay National Marine Sanctuary.

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

Sycamore Creek Streambank Stabilization project addresses highly erodible streambanks actively downcutting along stream, thereby reducing sediment loading in adjacent steelhead spawning area.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-017
* b. Program/Project: CA-016

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2008
* b. End Date: 12/31/2008

18. Estimated Funding ($):

* a. Federal	66,000.00
* b. Applicant	10,000.00
* c. State	160,536.98
* d. Local	72,029.50
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	308,566.48

*** 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 09/27/2007.

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

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

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

[ ] Yes [✓] No Explanation

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

[✓] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Karl

Middle Name: Wilson

* Last Name: Fieberling

Suffix:

* Title: Pajaro Grant Administrator

* Telephone Number: 831-464-2950 Fax Number: 831-475-3215

* Email: kfieberling@rcdsantacruz.org

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

Form 424 OMB Approval No. 0348-0043

Application for Federal Assistance

2. Date Submitted: **24-Aug-07**

3. Applicant Identifier:

1. Type of Submission Application

Application: [x] Constuction [x] Non-Constuction

Preaplication: [ ] Construction [ ] Non-Construction

3. Date received State:

State Application Identifier:

4. Date received by Federal Agency:

Federal Identifier:

5. Applicant Information

6. Legal Name: **Peninsula Corridor Joint Powers Board**

Address *(give city, county, state, and zip)*
1250 San Carlos Avenue
San Carlos, San Mateo County, CA 94070

Name and telephone of contact person *(give area code)*
Joel Slavit, (650) 508-6476

6. Employer Identification Number (EIN): 9 4 3152903

7. Type of Applicant *(enter appropriate letter in box)* G

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermural
G. Special District
H. Independent School Dst.
I. State Controlled Institution of higher learning.
J. Private University
K. Indian Tribe
L. Profit Insitution
M. Other: MPO

8. Type of Application

[X] new [ ] continuation [ ] Revision

If revision, enter appropriate letter(s) in boxes: [ ] [ ]

A. Increased Award B. Decreased Award
C. Increase Duration D. Decrease Duration
Other *(specify)*:

10. Catalog of federal domestic assistance number: **20507**
Section 5307 Program

9. Name of federal Agency:
Federal Transit Administration

11. Descriptive title of applicant project:

FY 2006/07 Capital Improvements
Palo Alto ADA Crossing Improvements
Signal/Communication Rehabilitation
Systemwide Track Rehabilitation & Related Structures
Systemwide Security

12. Areas affected by project:
San Francisco, San Mateo and Santa Clara Counties

13. Proposed Project
Start Date: **6/30/2006**
End Date: **5/31/2011**

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15. Estimated Funding

a. Federal	**$4,380,186**
b. Applicant	
c. State	**$458,207**
d. Local	**$636,840**
f. Program Income	
e. Other	
g. TOTAL	**$5,475,233**

14. Congressional Districts of:

a. Applicant: **8, 12, 13, 14, 15 & 16**

B. Project: **8, 12, 13, 14, 15 & 16**

16. Is application subject to review by state executive 12372 process? **Yes**

a. Yes this preaplication/application was made available to the state executive order 12372 process review on
Date:

b. No [ ] Program is not covered by E.). 12372
or [ ] or program has notbeen selected by state for review

17. Is the applicant delinquent on any federal debt?
[ ] Yes.(attach an explanation)
[x] No.

18. To the best of my knowledge and belief, all data in this application preaplication 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 assistance is awarded.

a. Typed Name of Authorized Representative: **Michael J. Scanlon**

b. Title: **Executive Director**

c. Telephone Number: **(650) 508-6221**

d. Signature of Authorized representative: M J Scanlon

e. Date Signed: 9/21/07

Previous versions of 424 form Not usable

FTA grants/424 for CA 90-Y045

Standard Form 424 Rev 4-881
Transcribed to Excel 6.0 By C. Birner April 1998

Version 7/03

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Joseph Uribe

Organizational DUNS:

Address:

Street: 29611 Fairglen Ct.

City: San Juan Capistrano

County: Orange

State: Ca. Zip Code 92675

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: First Name:

Middle Name

Last Name

Suffix:

Email:

Phone Number (give area code): (949) 365-1266

Fax Number (give area code)

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

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐

Other (specify): Recycling

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

Other (specify): Individual - Grant

9. NAME OF FEDERAL AGENCY:

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

A start-up recyclables (Southern Trash Recyclables) business. To sort-out recyclables from trash.

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

San Juan Capistrano, Orange, Ca.

13. PROPOSED PROJECT

Start Date: 9/07 Ending Date: continous

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Orange Co. b. Project: District 5

15. ESTIMATED FUNDING:

a. Federal	$ .00
b. Applicant	$ 750,000 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 750,000 .00

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

a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☐ No

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

a. Authorized Representative

Prefix	First Name	Middle Name
Last Name		Suffix
b. Title		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: September 25, 2007	Applicant Identifier: 01-0
3. DATE RECEIVED BY STATE	State Application Identifier: 04-013-0680046172
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Holtville Investment Group

Organizational Unit: A California Limited Partnership

Address (give city, county, State, and zip code): P.O. Box 550, Auburn, CA 95603

Name and telephone number of person to be contacted on matters involving this application (give area code): Tina Williams (530) 745-3248

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0046172

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: USDA-Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-415

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Repair/Rehabilitation Chestnut Village Apartments 1225 East 7th Street Holtville, CA

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

13. PROPOSED PROJECT

Start Date	Ending Date
1/1/08	12/31/08

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 51 b. Project: 51

15. ESTIMATED FUNDING:

a. Federal	$ 370,590.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 370,590.00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 09/25/07

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☑ No

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Ronald D. Bettencourt	Administrative General Partner	(530) 745-3201

d. Signature of Authorized Representative: [signature] e. Date Signed:

APPLICATION FOR FEDERAL ASS. ANCE

SF 424 (R&R)

2. DATE SUBMITTED

pplicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION *** Organizational DUNS:** 094878394

* Legal Name: The Regents of the University of California

Department: Marine Science Institute Division: Office of Research

* Street1: University of California, Santa Barbara Street2: Office of Research

* City: Santa Barbara County: Santa Barbara * State: CA: Califor

Province: * Country: JNITED ST * ZIP / Postal Code: 93106-2050

Person to be contacted on matters involving this application

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

* Phone Number: 808-893-4035 Fax Number: 805-893-2611 Email: diaz@research.ucsb.edu

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

95-6006145

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7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

8. * TYPE OF APPLICATION: ☑ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

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

☐ D. Decrease Duration ☐ E. Other *(specify)*

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

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

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Ecological, Evolutionary, and Socioeconomic Responses to Climate Change in a Large Marine Ecosystem: An Integrated Approach to Forecasting and Eva

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

CA, OR, WA, GA

13. PROPOSED PROJECT:

* Start Date: 09/01/2008 * Ending Date: 08/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-023 b. * Project: CA-all

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Steven Middle Name: * Last Name: Gaines Suffix:

Position/Title: Professor of Ecology * Organization Name: The Regents of the University of California

Department: Marine Science Institute Division:

* Street1: University of California, Santa Barbara Street2:

* City: Santa Barbara County: Santa Barbara * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 93106-6150

* Phone Number: 805-893-3764 Fax Number: 805-893-8062 * Email: gaines@msi.ucsb.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	2,220,933.00
b. * Total Federal & Non-Federal Funds	2,220,933.00
c. * Estimated Program Income	0.00

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

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

DATE: 09/28/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☑ *** I agree**

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

19. Authorized Representative

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

* Position/Title:	Sponsored Projects Officer	* Organization:	The Regents of the University of California
Department:	Office of Research	Division:	
* Street1:	University of California, Santa Barbara	Street2:	Office of Research
* City:	Santa Barbara	County:	Santa Barbara
* State:	CA: Califon	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	93106-2050
* Phone Number:	805-893-4035	Fax Number:	805-893-2611
* Email:	diaz@research.ucsb.edu		

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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

ADDITIONAL_CONGRESSIONAL_DISTRI | Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

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

State Use Only:

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STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

* a. Legal Name: San Francisco State Univeristy

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
931137247	942514985

d. Address:

* Street1: 1600 Holloway Avenue
Street2:
* City: San Francisco
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94132

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Dr. * First Name: Katharyn
Middle Name:
* Last Name: Boyer
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 415-338-3751 Fax Number:

* Email: katboyer@sfsu.edu

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001032

* Title:

FY2008 Community-based Habitat Restoration Project Grants

13. Competition Identification Number:

2076128

Title:

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

San Rafael, Corte Madera, Richmond, Alameda, Marin County, Contra Costa County, Alameda County, CA.

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

Restoring eelgrass to San Francisco Bay: Assessing Habitat Use and Developing Restoration Tools

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA12
* b. Program/Project: CA12

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05/01/2008
* b. End Date: 04/30/2009

18. Estimated Funding ($):

* a. Federal	228,662.00
* b. Applicant	175,296.00
* c. State	38,140.00
* d. Local	0.00
* e. Other	16,288.00
* f. Program Income	0.00
* g. TOTAL	458,386.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 09/28/2007.
- [ ] 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
- [x] No

Explanation

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

- [x] ** 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: Kenneth
Middle Name:
* Last Name: Paap
Suffix:

* Title: Associate Vice President

* Telephone Number: 415-338-7091
Fax Number:

* Email: keno@sfsu.edu

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: September 28, 2007	Applicant Identifier: 01-6
3. DATE RECEIVED BY STATE	State Application Identifier: 04-013-0770160660
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: High Desert Investors

Organizational Unit: A California Limited Partnership

Address (give city, county, State, and zip code): 1931 Malan, Brawley, Imperial, CA 92227

Name and telephone number of person to be contacted on matters involving this application (give area code): Tina Williams (530) 745-3248

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 71-0160660

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: USDA-Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.415

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Repair/Rehabilitation
Tres Palmas Village Apartments
1931 Malan
Brawley, CA 92227

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

13. PROPOSED PROJECT

Start Date: 1/1/08 Ending Date: 12/31/08

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 51 b. Project: 51

15. ESTIMATED FUNDING:

a. Federal	$ 603,270.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 603,270.00

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

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

DATE 09/28/07

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☑ No

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

a. Type Name of Authorized Representative: Tina M. Williams for Tom McLaughlin	b. Title: Agent for Owner	c. Telephone Number: (530) 745-3201
d. Signature of Authorized Representative: Tom Williams		e. Date Signed

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

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

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

11-300

CFDA Title:
PUBLIC WORKS AND ECONOMIC DEVELOPMENT PROGRAM

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Sun Valley/City of Los Angeles/Los Angeles County/California

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

Development and construction of: HEALTH-CARE JOB TRAINING, DEVELOPMENT and PLACEMENT CENTER.

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☐ New	
☐ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: SUN VALLEY CARE DEVELOPMENT, INC.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3945026

*c. Organizational DUNS:

d. Address:

*Street 1: 9000 SUNLAND BLVD.
Street 2:
*City: SUN VALLEY
County: LOS ANGELES
*State: CALIFORNIA
Province:
*Country: USA
*Zip / Postal Code 91352-2049

e. Organizational Unit:

Department Name: n/a
Division Name: n/a

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

Prefix:
*First Name: ROBERT
Middle Name: D.
*Last Name: NYDAM
Suffix:

Title: Acting Executive Director

Organizational Affiliation:

*Telephone Number: (818) 504-6154 Fax Number: (818) 504-6156

*Email: nydam@earthlink.net

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 28th HOWARD L. BERMAN *b. Program/Project: 28th H. L. BERMAN

17. Proposed Project:

*a. Start Date: 01/2008 *b. End Date: 01/2009

18. Estimated Funding ($):

*a. Federal	2,820,000
*b. Applicant	2,820,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	5,640,000

***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.)**

☐ 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: ROBERT

Middle Name: D.

*Last Name: NYDAM

Suffix: _____

*Title: Acting, Executive Director

*Telephone Number: (818) 504-6154 Fax Number: (818) 504-6156

*Email: nydams@earthlink.net

*Signature of Authorized Representative: *Date Signed: