

Federal Grant Applications

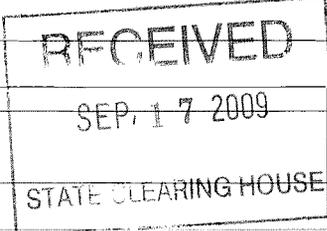
The following are Applications for Federal Assistance received by the State Clearinghouse **September 16-30, 2009**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Herlong Public Utility District		Department: Wastewater	
Organizational DUNS: 02-778-7568		Division:	
Address: Street: 448 805 Pole Line Road - PO Box 515		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Herlong		Prefix: Mr.	First Name: Pat
County: Lassen		Middle Name	
State: CA		Last Name Williams	
Zip Code 96113-0515	Suffix:		
Country: USA		Email: pat@herlongpud.com	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 22-2254351	Phone Number (give area code) 530-827-3150	Fax Number (give area code) 530-827-3153
---	---	---

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

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Reclamation Facility-Phase 2 Expansion; including biosolids/effluent land application and septage receiving; gravity sewer interceptor in Susanville Road.
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Herlong, Lassen County, California
--

13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 04 b. Project CA 04
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 9,253,510.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/3/2009
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$.00	

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

a. Authorized Representative		
Prefix Mr.	First Name Pat	Middle Name
Last Name Williams		Suffix
b. Title General Manager		c. Telephone Number (give area code) 530-827-3150
d. Signature of Authorized Representative 		e. Date Signed 9/3/2009

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Buckingham Park Water District		Organizational Unit: Department:		
Organizational BUNS:		Division:		
Address: Street: 2880 Eastlake Drive		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Ellen Middle Name: L. Last Name: Pearson		
City: Kelseyville.				
County: Lake		Suffix:		
State: CA	Zip Code: 95451	Email: e.pearson@bpuwd.com		
Country: USA		Phone Number (give area code): 707-279-8568		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2518883		Fax Number (give area code): 707-279-2947		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760		9. NAME OF FEDERAL AGENCY:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): see map of water district		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Clearwell Standby power System, upgrade to Distribution System		
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant One b. Project One		
15. ESTIMATED FUNDING: a. Federal \$ 1,000,000. b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,000,000.-		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
a. Authorized Representative				
Prefix: MR.		First Name: Michael		Middle Name:
Last Name: MESSER		Suffix:		
b. Title: President - Board of Directors		c. Telephone Number (give area code): 707-279-8568		
d. Signature of Authorized Representative: [Signature]		e. Date Signed: 9/14/09		

Previous Edition Usable
Authorized for Local Reproduction

[Signature] Secretary

9/14/09

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

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

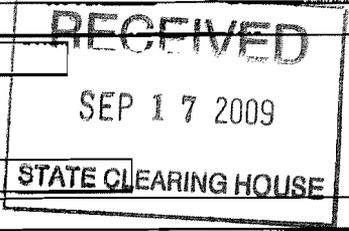
3. DATE RECEIVED BY STATE [] State Application Identifier []

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

4. a. Federal Identifier DE-FG02-04ER46111 Renewal
b. Agency Routing Identifier []

2. DATE SUBMITTED [] Applicant Identifier []

5. APPLICANT INFORMATION * Organizational DUNS: 047120084
* Legal Name: The Regents of the University of California
Department: Office of Research Division: Sponsored Programs
* Street1: 1850 Research Park Drive
Street2: Suite 300
* City: Davis County / Parish: []
* State: CA: California Province: []
* Country: USA: UNITED STATES * ZIP / Postal Code: 95616-0000



Person to be contacted on matters involving this application
Prefix: Prof. * First Name: Warren Middle Name: []
* Last Name: Pickett Suffix: PHD
* Phone Number: 530-752-5989 Fax Number: []
Email: pickett@physics.ucdavis.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-6036494

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify): []
Small Business Organization Type Women Owned Socially and Economically Disadvantaged

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

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Theory of Oxide Nanostructures: Polarity, Dimensionality, and Strong Interactions

12. PROPOSED PROJECT:
* Start Date 02/01/2010 * Ending Date 01/31/2013

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof. * First Name: Warren Middle Name: []
* Last Name: Pickett Suffix: Ph.D.
Position/Title: Professor and Chair
* Organization Name: The Regents of the University of California
Department: physics Division: []
* Street1: One Shields Avenue
Street2: []
* City: Davis County / Parish: []
* State: CA: California Province: []
* Country: USA: UNITED STATES * ZIP / Postal Code: 95616-0677
* Phone Number: 530-752-5989 Fax Number: []
* Email: pickett@physics.ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	<input type="text" value="345,000.00"/>	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	<input type="text" value="0.00"/>		DATE: <input type="text"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="345,000.00"/>	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	<input type="text" value="0.00"/>		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)			
<input type="checkbox"/> * I agree			
* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
18. SFLLL or other Explanatory Documentation			
<input type="text"/>			
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>			
19. Authorized Representative			
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="David"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text" value="Miller"/>	Suffix:	<input type="text"/>
* Position/Title:	<input type="text" value="Contracts and Grants Analyst"/>		
* Organization:	<input type="text" value="The Regents of the University of California"/>		
Department:	<input type="text" value="Office of Research"/>	Division:	<input type="text" value="Sponsored Programs"/>
* Street1:	<input type="text" value="1800 Research Park Drive"/>		
Street2:	<input type="text" value="Suite 300"/>		
* City:	<input type="text" value="Davis"/>	County / Parish:	<input type="text"/>
* State:	<input type="text" value="CA; California"/>	Province:	<input type="text"/>
* Country:	<input type="text" value="USA; UNITED STATES"/>	* ZIP / Postal Code:	<input type="text" value="95618-0000"/>
* Phone Number:	<input type="text" value="930-754-8206"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text" value="davmiller@ucdavis.edu"/>		
* Signature of Authorized Representative		* Date Signed	
<input type="text" value="Completed on submission to Grants.gov"/>		<input type="text" value="Completed on submission to Grants.gov"/>	
20. Pre-application <input type="text"/>			
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>			

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Sutter County Resource Conservation District		Organizational Unit: Department: NA	
Organizational OUNS: 624277047		Division: NA	
Address: Street: 1511 C Butte House Road		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Ryan	
City: Yuba City			
County: Sutter		Middle Name: P.	
State: CA		Last Name: Bohea	
Zip Code: 95659		Suffix:	
Country: USA		Email: ryan.bohea@ca.nrcdnet.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 2 - 0 1 6 2 4 4 8		Phone Number (give area code) (530) 674 - 1461 ext. 130	Fax Number (give area code) (530) 674 - 1480
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 0		9. NAME OF FEDERAL AGENCY: Economic Development Administration	
TITLE (Name of Program): Public Works and Economic Development Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sutter County Agriculture Resources and Training Center	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yuba City, Marysville, Sutter & Yuba Counties, CA, National and World Markets			
13. PROPOSED PROJECT Start Date: January 2009		Ending Date: January 2011	
14. CONGRESSIONAL DISTRICTS OF:		a. Applicant 2nd District of CA	b. Project 2nd District of CA
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,900,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 3,100,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 7,000,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Ryan	Middle Name P.	
Last Name Bohea		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (530) 674 - 1461 ext. 130	
d. Signature of Authorized Representative		e. Date Signed January 28, 2009	

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED August 2009

Applicant Identifier

1. TYPE OF SUBMISSION:

Application Pre-application
[] Construction [x] Construction
[] Non-Construction [] Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

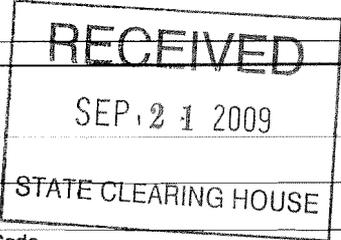
4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Palomar Mountain Mutual Water Company
Organizational DUNS:
Address:
City: Palomar Mountain
County: San Diego
State: CA Zip Code: 92060-0125
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: Martin
Middle Name
Last Name: Marugg
Suffix:
Email: mmarugg@cox.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

00-00000000

Phone Number (give area code): 760-742-3516
Fax Number (give area code): 760-742-3516

8. TYPE OF APPLICATION:

[x] 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)
N
Other (specify) Mutual Water Company

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Improvements to water pipelines and storage facilities.

13. PROPOSED PROJECT

Start Date: Summer 2009 Ending Date: Fall 2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 49 - Issa b. Project 49 - Issa

15. ESTIMATED FUNDING:

Table with 2 columns: Category (a. Federal, b. Applicant, c. State, d. Local, e. Other, f. Program Income, g. TOTAL) and Amount (\$)

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. [x] 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: Martin Middle Name
Last Name: Marugg Suffix
b. Title: Board President
c. Telephone Number (give area code): 619-445-1751
d. Signature of Authorized Representative
e. Date Signed: Sept 16, 2009

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY SEP 16 2009	
Legal Name: Herlong Public Utility District		Organizational Unit: Department: Wastewater Division:	
Organizational DUNS: 02-778-7588		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address: Street: 448 805 Pole Line Road - PO Box 515		Prefix: Mr.	
City: Herlong		First Name: Pat	
County: Lassen		Middle Name	
State: CA		Last Name Williams	
Zip Code: 96113-0515		Suffix:	
Country: USA		Email: pat@herlongpud.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 22-2254351		Phone Number (give area code) 530-827-3150	Fax Number (give area code) 530-827-3153
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G - Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Herlong, Lassen County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Reclamation Facility-Phase 2 Expansion; including biosolids/effluent land application and septage receiving; gravity sewer interceptor in Susanville Road.	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 04 b. Project CA 04	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 9,253,510.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/3/2009	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$.00	a. Authorized Representative	
		Prefix Mr.	First Name Pat
		Middle Name	
		Last Name Williams	
		Suffix	
		b. Title General Manager	
		c. Telephone Number (give area code) 530-827-3150	
d. Signature of Authorized Representative 		e. Date Signed 9/15/2009	

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)**

RECEIVED

SEP. 21 2009

STATE CLEARING HOUSE

*** 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:

B. APPLICANT INFORMATION:

*** a. Legal Name:**

City of San Jose Office of Economic Development

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

94-60-00-419

*** c. Organizational DUNS:**

063541874

d. Address:

*** Street1:**

200 East Santa Clara Street, 17th floor

Street2:

Office of Economic Development

*** City:**

San Jose

County:

Santa Clara

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95113

e. Organizational Unit:

Department Name:

City Manager's Office

Division Name:

Office of Economic Development

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

Prefix:

Mr.

*** First Name:**

Scott

Middle Name:

*** Last Name:**

Green

Suffix:

Title:

Clean Technology Policy Officer

Organizational Affiliation:

Office of Economic Development, City of San Jose

*** Telephone Number:**

408-535-8169

Fax Number:

408-292-6719

*** Email:**

scott.green@sanjoseca.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:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:***** Other (specify):***** 10. Name of Federal Agency:**

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

*** 12. Funding Opportunity Number:**

EDA03102009RECOVERYACT

*** Title:**

EDA Recovery Act Funding

13. Competition Identification Number:

01

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

City of San Jose, County of Santa Clara, California

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

San Jose Clean Tech Demonstration Center

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="4,000,000.00"/>
* b. Applicant	<input type="text" value="9,700,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="13,700,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

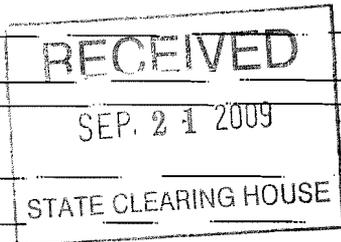
* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION Legal Name: City of Compton		Organizational Unit: Department: Public Works Division: _____	
Organizational DUNS: 076248335 Address: Street: 205 S. Willowbrook Avenue City: Compton County: Los Angeles State: California Zip Code: 90220 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Estelle Middle Name: Renee Last Name: DuBose Suffix: _____ Email: adubose@comptoncity.org	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 90-6000898	Phone Number (give area code): 310-605-5527 Fax Number (give area code): 310-761-1488
---	--

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-248	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development
---	---

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Martin Luther King Jr. Transit Center Project involves the construction of a 10,000 square foot building to house the Regional Traffic Management and Operations Center, Renaissance Bus Layover System, Dial-A-Ride Service, Dial-A-Taxi Service, Park and Ride, and Bus Layover Facilities as well as a number of other ancillary facilities.	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Compton
---	---

13. PROPOSED PROJECT Start Date: June 8, 2009 Ending Date: December, 2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 37th b. Project: 37th
--	--

15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$ 3,044,872.00</td></tr> <tr><td>b. Applicant</td><td>\$ _____</td></tr> <tr><td>c. State</td><td>\$ _____</td></tr> <tr><td>d. Local</td><td>\$ _____</td></tr> <tr><td>e. Other</td><td>\$ 8,360,728.00</td></tr> <tr><td>f. Program Income</td><td>\$ _____</td></tr> <tr><td>g. TOTAL</td><td>\$ 11,405,600.00</td></tr> </table>	a. Federal	\$ 3,044,872.00	b. Applicant	\$ _____	c. State	\$ _____	d. Local	\$ _____	e. Other	\$ 8,360,728.00	f. Program Income	\$ _____	g. TOTAL	\$ 11,405,600.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 21, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 3,044,872.00														
b. Applicant	\$ _____														
c. State	\$ _____														
d. Local	\$ _____														
e. Other	\$ 8,360,728.00														
f. Program Income	\$ _____														
g. TOTAL	\$ 11,405,600.00														

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

a. Authorized Representative: Prefix: Mr. First Name: Charles Middle Name: _____ Last Name: Evans Suffix: _____ Title: Charles Signature of Authorized Representative: <i>Charles Evans</i>	c. Telephone Number (give area code): 310-605-5585 e. Date Signed: 9-21-09
--	---

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	5. APPLICANT INFORMATION		
Legal Name: Sutter County Resource Conservation District		Organizational Unit: Department: NA		
Organizational DUNS: 624277047		Division: NA		
Address: Street: 1511 C Butte House Road		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP. 22 2009 </div>		
City: Yuba City				
County: Sutter		Name and telephone number of person to be contacted on matters involving this application (give area code)		
State: CA		Prefix: Mr.	First Name: Ryan	
Zip Code: 95659		Middle Name P.		
Country: USA		Last Name Bonea		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 2 - 0 1 6 2 4 4 8		Suffix:		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Email: ryan.bonea@ca.nacdnet.net		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 0 TITLE (Name of Program): Public Works and Economic Development Program		Phone Number (give area code) (530) 674 - 1461 ext. 130		Fax Number (give area code) (530) 674 - 1480
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yuba City, Marysville, Sutter & Yuba Counties, CA, National and World Markets		7. TYPE OF APPLICANT: (See back of form for Application Types) Special District Other (specify)		
13. PROPOSED PROJECT Start Date: January 2009		9. NAME OF FEDERAL AGENCY: Economic Development Administration		
Ending Date: January 2011		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sutter County Agriculture Resources and Training Center		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd District of CA b. Project 2nd District of CA		
a. Federal	\$ 3,900,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
b. Applicant	\$ ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
c. State	\$ ⁰⁰	DATE:		
d. Local	\$ 3,100,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 7,000,000 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/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 Ryan		Middle Name P.	
Last Name Bonea			Suffix	
b. Title Executive Director			c. Telephone Number (give area code) (530) 674 - 1461 ext. 130	
d. Signature of Authorized Representative			e. Date Signed January 26, 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)**

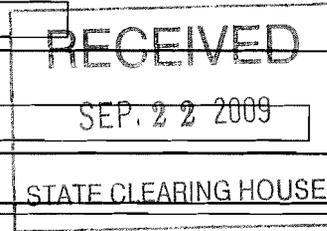
*** 3. Date Received:**

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:

*** a. Legal Name:** Asian Community Center of Sacramento Valley, Inc.

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

94-22711380

*** c. Organizational DUNS:**

152151528

d. Address:

* Street1: 7311 Greenhaven Drive

Street2:

* City: Sacramento

County: Sacramento

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95831-3866

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: Raymond

Middle Name:

* Last Name: Gee

Suffix:

Title: Housing Specialist

Organizational Affiliation:

* Telephone Number: 916 394-6399 Ext. 132

Fax Number: 916 394-6392

* Email: raygee@accsv.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N: Nonprofit without 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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5300-N-21

* Title:

Section 202 Supportive Housing for the Elderly

13. Competition Identification Number:

S202-21

Title:

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

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

Affordable housing for very low-income seniors

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="6,030,006.00"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* c. State	<input type="text" value="1,500,000.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="7,555,006.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

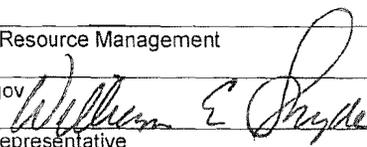
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/19/09 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier 8CA09100 State Application Identifier 8CA09100 Federal Identifier
5. APPLICANT INFORMATION Legal Name: California Department of Forestry and Fire Protection Organizational DUNS: 792358095 Address: Street P.O. Box 944246 City: Sacramento County: Sacramento State: CA Zip Code: 94244-2460 Country: U.S.		Organizational Unit: Department: California Department of Forestry and Fire Protection Division: Resource Management Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Carrie Middle Name: Last Name: Szalay Suffix: Email: carrie.szalay@fire.ca.gov Phone Number (give area code) (916) 653-7811 Fax Number (give area code) (916) 653-8957	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0306069		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Government Other (specify):	
8. TYPE OF APPLICATION: New If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) None None Other (specify):		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.664 Cooperative Forestry Assistance Other (specify):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Conservation Education Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: Statewide	
13. PROPOSED PROJECT Start Date: 2009-07-01 Ending Date: 2010-12-31		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	15,000	⁰⁰
b. Applicant	\$		
c. State	\$	15,000	⁰⁰
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	30,000	⁰⁰
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.			
a. Authorized Representative			
Prefix Mr.	First Name: William	Middle Name: E.	
Last Name: Snyder		Suffix:	
b. Title: Deputy Director for Resource Management		c. Telephone Number (give area code) (916) 653-4298	
Email: Bill.Snyder@fire.ca.gov		Fax Number (give area code) () - () - ()	
d. Signature of Authorized Representative 		e. Date Signed: 5/1/09	

RECEIVED
 SEP 22 2009
 STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 4/19/09	Applicant Identifier 8CA09104
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier 8CA09104
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Department of Forestry and Fire Protection	Organizational Unit: Department: California Department of Forestry and Fire Protection
Organizational DUNS: 792358095	Division: Resource Management

Address: Street P.O. Box 944246 City: Sacramento County: Sacramento State: CA Zip Code: 94244-2460 Country: U.S.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Carrie Middle Name: Last Name: Szalay Suffix: Email: carrie.szalay@fire.ca.gov
--	--

RECEIVED
SEP 22 2009
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0306069	Phone Number (give area code) (916) 653-7811	Fax Number (give area code) (916) 653-8957
---	---	---

8. TYPE OF APPLICATION: New If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) None None Other (specify):	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Government Other (specify):
---	--

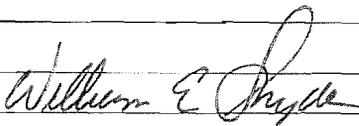
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.675 Urban and Community Forestry Other (specify):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Urban and Community Forestry
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: Statewide
---	---

13. PROPOSED PROJECT Start Date: 2009-07-01 Ending Date: 2010-12-31	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal \$ 760,000.00	
b. Applicant \$	
c. State \$ 1,080,000.00	
d. Local \$	
e. Other \$	
f. Program Income \$	
g. TOTAL \$ 1,840,000.00	

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

a. Authorized Representative	
Prefix Mr. First Name: William Middle Name: E.	Last Name: Snyder Suffix:
b. Title: Deputy Director for Resource Management	c. Telephone Number (give area code) (916) 653-4298
Email: Bill.Snyder@fire.ca.gov	Fax Number (give area code) () -
d. Signature of Authorized Representative 	e. Date Signed: 5/11/09

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

Completed by Grants.gov 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:

RECEIVED

SEP 23 2009

STATE CLEARING HOUSE

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: _____

* 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: _____

* 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.

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:

DOT-FH-FHF-10-HL

* Title:

PHMSA 2010 Hazardous Liquid Base Grant

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 Base Grant

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant:

* b. Program/Project:

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	2,002,513.60
* b. Applicant	0.00
* c. State	500,628.40
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,503,142.00

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 9-21-09	Applicant Identifier
5. APPLICANT INFORMATION			3. DATE RECEIVED BY STATE	State Application Identifier
Legal Name: GRIZZLY LAKE RESORT IMPROVEMENT DISTRICT			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Organizational DUNS: 15-081-5322			RECEIVED SEP 24 2009	
Address: Street: 119 DELLEKER ROAD				
City: PORTOLA			Organizational Unit: Department: DELLEKER	STATE CLEARING HOUSE
County: PLUMAS			Division: WASTEWATER	
State: CA Zip Code: 96122			Name and telephone number of person to be contacted on matters involving this application (give area code)	
Country: USA			Prefix: MR.	First Name: FRANK
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0048758			Middle Name: ROBERT	Last Name: MOTZKUS
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) G. SPECIAL DISTRICT	Suffix:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WATER AND WASTE 10-260 DISCHARGE LOAN & GRANT PROGRAM			9. NAME OF FEDERAL AGENCY: USDA RURAL UTILITIES SERVICE	Email: GLRID@ATT.NET
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): PLUMAS COUNTY			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2010 DELLEKER WASTEWATER IMPROVEMENTS	
13. PROPOSED PROJECT Start Date: 4/2010 Ending Date: 4/2011			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 04 b. Project 04	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	547,000.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	0	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	0	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$	547,000.00	a. Authorized Representative	
Prefix MR			First Name FRANK	Middle Name ROBERT
Last Name MOTZKUS			Suffix	
b. Title GENERAL MANAGER			c. Telephone Number (give area code) 530-882-5228	
d. Signature of Authorized Representative <i>Frank Motzkus</i>			e. Date Signed 9/21/09	

Previous Edition Usable
Authorized for Local Reproduction

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

Fax to: (530) 832-1319

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY SEP 21 2009	Federal Identifier 04-053-0914566459
5. APPLICANT INFORMATION			
Legal Name: Trinity County Fair		Organizational Unit: Department:	
Organizational DUNS: 55-8254704		Division:	
Address: Street: PO Box 880		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jerry	
City: Hayfork		Middle Name RECEIVED	
County: Trinity		Last Name Fulton SEP 24 2009	
State: California	Zip Code 96041	Suffix:	
Country: United States		Email: tcf@snowcreat.net STATE CLEARING HOUSE	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0177825		Phone Number (give area code) (530)628-5223	Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for profit Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Grant Program 10-765		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Hayfork, Trinity County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Building & Site Renovations featuring a new multi purpose building designed to assist with emergency services operations in the region.	
13. PROPOSED PROJECT Start Date: March 2010 Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 6,152,134.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 6,152,134.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Jerry	Middle Name	
Last Name Fulton	Suffix		
b. Title CEO	c. Telephone Number (give area code) (530)628-5223		
d. Signature of Authorized Representative	e. Date Signed		

APPLICATION FOR
FEDERAL ASSISTANCE

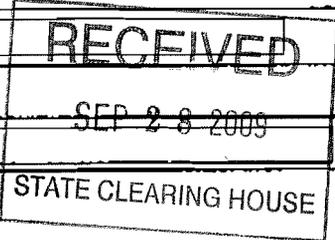
Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: Callayomi County Water District			3. DATE RECEIVED BY STATE	State Application Identifier
Organizational ID/UNS: 15-5991276			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Address: Street: 21282 Stewart Street			<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 24 2009 STATE CLEARING HOUSE </div>	
City: Middletown				
Country: Lake			Division:	
State: CA			Name and telephone number of person to be contacted (give area code)	
Zip Code: 95461			Prefix: Mr. First Name: Frank	
Country: United States			Middle Name	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 43-1757115			Last Name: Haas	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760			9. NAME OF FEDERAL AGENCY: USDA RD	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Middletown, CA See map attached			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacing old 125K gal water Storage Res. with 450,000 gal water Storage to meet CDPH + County Storage requirements.	
13. PROPOSED PROJECT Start Date: ASAP Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: First District b. Project:	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	\$600,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
b. Applicant	\$			
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$	\$600,000		
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		
	LINDA	LOUISE		
Last Name	Suffix			
OLHISER				
b. Title	c. Telephone Number (give area code)			
President of the Board - Callayomi Cty Water District	707/987-1977			
d. Signature of Authorized Representative	e. Date Signed			
Linda Olhiser President/Board, CCWD	9/15/09			

Previous Edition Usable
Authorized for Local Reproduction

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

Application for Federal Assistance SF-424		Version 02			
<table border="0" style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width:33%; vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="width:33%; vertical-align: top;"> <p>* If Revision, select appropriate letter(s): <input type="text"/> <p>* Other (Specify) <input type="text"/></p> </p></td> </tr> </table>			<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s): <input type="text"/> <p>* Other (Specify) <input type="text"/></p> </p>
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s): <input type="text"/> <p>* Other (Specify) <input type="text"/></p> </p>			
<p>* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier: <input type="text"/></p>			
<p>5a. Federal Entity Identifier: <input type="text"/></p>		<p>* 5b. Federal Award Identifier: <input type="text"/></p>			
State Use Only:					
<p>6. Date Received by State: <input type="text"/></p>	<p>7. State Application Identifier: <input type="text"/></p>				
<p>8. APPLICANT INFORMATION:</p>					
<p>* a. Legal Name: <input type="text"/> California State Coastal Conservancy</p>					
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-3164968</p>	<p>* c. Organizational DUNS: <input type="text"/> 808322408</p>				
<p>d. Address:</p>					
<p>* Street1: <input type="text"/> 1330 Broadway, 13th Floor</p>					
<p>Street2: <input type="text"/></p>					
<p>* City: <input type="text"/> Oakland</p>					
<p>County: <input type="text"/></p>					
<p>* State: <input type="text"/> CA: California</p>					
<p>Province: <input type="text"/></p>					
<p>* Country: <input type="text"/> USA: UNITED STATES</p>					
<p>* Zip / Postal Code: <input type="text"/> 94612</p>					
e. Organizational Unit:					
<p>Department Name: <input type="text"/></p>		<p>Division Name: <input type="text"/></p>			
f. Name and contact information of person to be contacted on matters involving this application:					
<p>Prefix: <input type="text"/></p>	<p>* First Name: <input type="text"/> Karen</p>				
<p>Middle Name: <input type="text"/></p>					
<p>* Last Name: <input type="text"/> Bane</p>					
<p>Suffix: <input type="text"/></p>					
<p>Title: <input type="text"/> Project Manager</p>					
<p>Organizational Affiliation: <input type="text"/></p>					
<p>* Telephone Number: <input type="text"/> (510) 286-0922</p>		<p>Fax Number: <input type="text"/></p>			
<p>* Email: <input type="text"/> kbane@scc.ca.gov</p>					



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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

* 12. Funding Opportunity Number:

NOAA-NMFS-HCPO-2010-2002089

* Title:

NOAA Coastal and Marine Habitat Restoration National and Regional Partnership Grants

13. Competition Identification Number:

2162339

Title:

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

Coastal draining watersheds from Pt. Conception in Santa Barbara County to the U.S. and Mexico Border.

* 15. Descriptive Title of Applicant's Project:

Southern California Wetlands Recovery Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424 Version 02

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

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

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="22,500,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="22,500,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="45,000,000.00"/>

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

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

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

Authorized Representative:

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

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 7/31/09	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Groveland Community Services District		Organizational Unit: Department: Engineering
Organizational DUNS: 01-112-5952		Division:
Address: Street: 18966 Ferretti Road		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: First Name: Randy
City: Groveland		Middle Name: Eugene
County: Tuolumne		Last Name: Klaahsen
State: CA	Zip Code: 95321	Suffix:
Country: USA		Email: rKlaahsen@gcsd.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1701547	Phone Number (give area code): 209 962 7161 x 21	Fax Number (give area code): 209 962 4943
--	---	--

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Systems for RCS 10-760	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Automated Meter Read (AMR)
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tuolumne County	

13. PROPOSED PROJECT Start Date: 11/09 Ending Date: 5/10	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District 19 b. Project: District 19
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal: \$ 700,000	a. Yes: <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant: \$ 400,000	b. No: <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State: RECEIVED	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local: SEP 28 2009	
e. Other:	
f. Program Income: STATE CLEARING HOUSE	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL: \$ 2,100,000	

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: James	Middle Name: A.
Last Name: Goodrich	Suffix:	
b. Title: General Manager	c. Telephone Number (give area code): 209 962-7161 x 33	
d. Signature of Authorized Representative: [Signature]	e. Date Signed: 8-10-09	

Previous Edition Usable
Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

Version 02

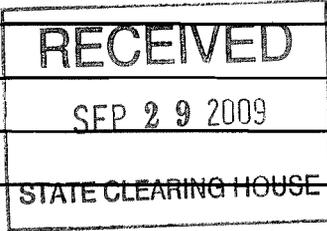
*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation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

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

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

State Use Only:

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



8. APPLICANT INFORMATION:

*a. Legal Name: County of Sonoma	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000539	*c. Organizational DUNS: 080126444

d. Address:

*Street 1:	2300 County Center Dr., Suite B100
Street 2:	_____
*City:	Santa Rosa
County:	Sonoma
*State:	California
Province:	_____
*Country:	USA
*Zip / Postal Code	95403

e. Organizational Unit:

Department Name: Dept. of Transportation and Public Works	Division Name:
---	-----------------------

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

Prefix: Mr.	*First Name: John
Middle Name:	_____
*Last Name: Locey	_____
Suffix:	_____

Title: Project Engineer

Organizational Affiliation: Brelje and Race

*Telephone Number: 707-576-1322	Fax Number: 707-576-0469
--	---------------------------------

*Email: locey@brce.com

Application for Federal Assistance SF-424

Version 02

***9. 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:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-760 _____

CFDA Title:

Water and Waste Disposal Loan and Grant Program _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Sonoma County, California

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

CSA #41 - Salmon Creek Benefit Zone

Water Treatment and Storage Improvements

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-006

*b. Program/Project: CA-006

17. Proposed Project:

*a. Start Date: 1/1/2010

*b. End Date: 12/31/2010

18. Estimated Funding (\$):

*a. Federal	\$540,000
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	\$540,000

***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: Mr. *First Name: Phillip
Middle Name: _____
*Last Name: Demery
Suffix: _____

*Title: Director of Transportation and Public Works

*Telephone Number: 707-565-2231 Fax Number: 707-565-2620

* Email: rd pemery@sonoma-county.org

*Signature of Authorized Representative: *Phillip M. Demery*

*Date Signed: 9/23/09

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

Version 02

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

Completed by Grants.gov 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:

RECEIVED

SEP 30 2009

8. APPLICANT INFORMATION:

*** a. Legal Name:**

SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION

STATE CLEARING HOUSE

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

94-6017638

*** c. Organizational DUNS:**

056620715

d. Address:

*** Street1:**

210 North Fourth Street

Street2:

*** City:**

San Jose

County:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95112

e. Organizational Unit:

Department Name:

Sponsored Programs

Division Name:

Pre-Award

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

Prefix:

Ms.

*** First Name:**

Jerri

Middle Name:

*** Last Name:**

Carmo

Suffix:

Title:

Deputy COO and Director OSP

Organizational Affiliation:

SJSU Research Foundation

*** Telephone Number:**

408-924-1429

Fax Number:

408-924-1496

*** Email:**

osp@foundation.sjsu.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:

Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):
Non-profit auxiliary to SJSU

* 10. Name of Federal Agency:
Department of Commerce

11. Catalog of Federal Domestic Assistance Number:
11.463
CFDA Title:
Habitat Conservation

* 12. Funding Opportunity Number:
NOAA-NMES-HCPO-2010-2002089
* Title:
NOAA Coastal and Marine Habitat Restoration National and Regional Partnership Grants

13. Competition Identification Number:
2162339
Title:

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

* 15. Descriptive Title of Applicant's Project:
Implementation of the Central Coast Wetlands Group Priority Restoration Projects

Attach supporting documents as specified in agency instructions.



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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-016

* b. Program/Project CA-017

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

17. Proposed Project:

* a. Start Date: 06/01/2010

* b. End Date: 05/31/2013

18. Estimated Funding (\$):

* a. Federal	2,851,285.00
* b. Applicant	7,842.00
* c. State	0.00
* d. Local	0.00
* e. Other	310,843.00
* f. Program Income	0.00
* g. TOTAL	3,169,970.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 09/30/2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Dr. * First Name: Pamela
 Middle Name:
 * Last Name: Stacks
 Suffix:

* Title: AVP Graduate Studies

* Telephone Number: 408-924-2497 Fax Number: 408-924-1496

* Email: osp@foundation.sjeu.edu

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

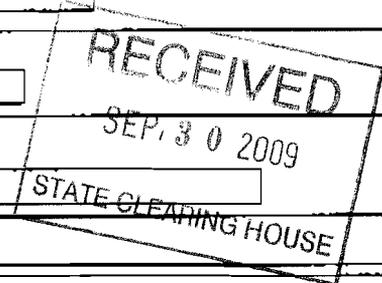
OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: <small>Completed by Grants.gov upon submission.</small>	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: Northwest California Resource Conservation & Development Cou

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0396859	* c. Organizational DUNS: 136722910
---	--

d. Address:

* Street1: PO Box 2183
Street2:
* City: Weaverville
County: Trinity
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 96093-2183

e. Organizational Unit:

Department Name: 5C Program	Division Name:
--------------------------------	----------------

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

Prefix: Ms. * First Name: Sandra
Middle Name:
* Last Name: Perez-Rodriguez
Suffix:

Title: 5C Program Manager

Organizational Affiliation:
5C Program

* Telephone Number: 530.623.3967 x112 Fax Number: 530.623.3979

* Email: sperez@buountias.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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPD-2010-2002089

*** Title:**

NOAA Coastal and Marine Habitat Restoration National and Regional Partnership Grants

13. Competition Identification Number:

2162339

Title:

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

Counties of Del Norte, Humboldt, Mendocino, Siskiyou, Trinity, Sonoma, Marin, San Mateo, Santa Cruz, Monterey, Lake, and Modoc in California. Counties of Curry, Josephine, Jackson, and Klamath in Oregon.

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

5C Program Regional Conservation and Restoration

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-002

* b. Program/Project CA-002

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

Attachment sf424 Q 16b.txt

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2010

* b. End Date: 05/31/2013

18. Estimated Funding (\$):

* a. Federal	1,805,658.57
* b. Applicant	23,388.61
* c. State	56,982.63
* d. Local	0.00
* e. Other	1,837,742.32
* f. Program Income	0.00
* g. TOTAL	3,729,772.13

* 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 09/30/2009 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: Patrick

Middle Name:

* Last Name: Truman

Suffix:

* Title: Representative, Northwest CA RC&D Council

* Telephone Number: 530.623.2009 x3 Fax Number: 530.623.2353

* Email: Ltruman@jeffnet.org

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

Authorized for Local Reproduction

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