

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16-30, 2010**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424		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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received: 9/16/2010	4. Applicant Identifier:	RECEIVED SEP 20 2010 STATE CLEARING HOUSE
5a. Federal Entity Identifier:	*5b. Federal Award Identifier: 10-8100-1545-CA	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: The Regents of the University of California		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-603-6494	*c. Organizational DUNS: 60-459-1925	
d. Address:		
*Street 1:	1111 Franklin Street, 10 th Floor	
Street 2:	_____	
*City:	Oakland	
County:	Alameda	
*State:	CA	
Province:	_____	
*Country:	_____	
*Zip / Postal Code	94607-5200	
e. Organizational Unit:		
Department Name: Agriculture and Natural Resources	Division Name: Office of Contracts & Grants	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: Steven	
Middle Name: _____		
*Last Name: Tjosvold		
Suffix: _____		
Title: Farm Advisor		
Organizational Affiliation:		
*Telephone Number: (831) 763-8013 Fax Number: (831) 763-8006		
*Email: satjosvold@ucdavis.edu		

Application for Federal Assistance SF-424

Version 02

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

H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA - APHIS - PPQ

11. Catalog of Federal Domestic Assistance Number:

10.025 _____

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care _____

***12 Funding Opportunity Number:**

*Title:

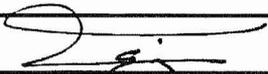
13. Competition Identification Number:

Title:

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

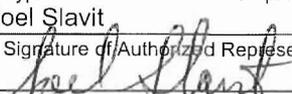
***15. Descriptive Title of Applicant's Project:**

Field Evaluation of Insecticides to Control Light Brown Apple Moth (*Epiphyas postvittana*)

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-009	*b. Program/Project: CA-014	
17. Proposed Project:		
*a. Start Date: 6/30/2010	*b. End Date: 6/29/2011	
18. Estimated Funding (\$):		
*a. Federal	_____	22,550
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	22,550
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: _____	*First Name: <u>Soheil</u> _____	
Middle Name: _____		
*Last Name: <u>Jadali</u> _____		
Suffix: _____		
*Title: Contracts & Grants Analyst		
*Telephone Number: 530-754-2976	Fax Number: 530-754-3943	
* Email: <u>sjadali@ucdavis.edu</u>		
*Signature of Authorized Representative: 	*Date Signed: _____	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 29, 2010	Applicant Identifier 1671
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Y789
5. APPLICANT INFORMATION			
Legal Name: San Mateo Transit District		Organizational Unit: Development	
Address (give city, county, State, and zip code): 1250 San Carlos Blvd. San Carlos, CA 94070		Name and telephone number of person to be contacted on matters involving this application (give area code) Rebecca Arthur (650)508-6368	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 3 2 5 9 7 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State 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) _____	
		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 5 0 7 TITLE: FTA Section 5307 Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement of 1993 Gillig Buses - 40' Buses Replacement of 1993 Gillig Buses - 30' Bus Service Support Vehicles ADA Operating Subsidy Preventive Maintenance	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 6/15/08	Ending Date 6/30/12	a. Applicant 12 & 14	b. Project 12 & 14
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 13,912,944 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 09/17/10	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ 3,680,717 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 17,593,661 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Joel Slavit		b. Title Manager, Grants & Fund Programmin	c. Telephone Number (650) 508-6476
d. Signature of Authorized Representative 		e. Date Signed 9-17-10	

(Package revised 12/11/03)

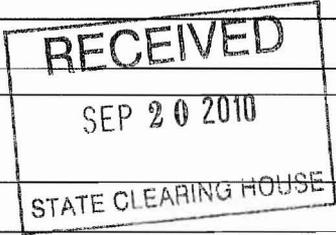
APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED August 26	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: City of Redding, California	Organizational Unit: Redding Municipal Airport
Organizational DUNS: 07-378-0413	Department: Transportation & Engineering
Address: Street: 777 Cypress Avenue	Division: Airports
City: Redding	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Shasta	Prefix: Mr. First Name: Rod
State: CA Zip Code: 96001-2718	Middle Name: A.
Country: USA	Last Name: Dinger
	Suffix:
	Email: rdinger@ci.redding.ca.us



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 4 0 1	Phone number (give area code): (530) 224-4321	FAX number (give area code): (530) 224-4318
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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)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

TITLE: **Airport Improvement Program (AIP)**
2 0 - 1 0 6

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 1. **Air Shasta West Apron Reconstruction (Design Only)**
 2. **T-Hangar Taxilane Reconstruction (Design Only)**
 3. **Eastside Cargo Apron Construction (Design Only)**
 4. **Security Fencing (Design Only)**
 5. **Pavement Marking Modifications and Supplemental Windcone Relocation (Part 139)**

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

Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT

Start Date 10/01/10	Ending Date 09/30/11
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14. CONGRESSIONAL DISTRICTS OF

a. Applicant #02	b. Project #02
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15. ESTIMATED FUNDING

a. Federal	\$	614,650	.00
b. Applicant	\$	32,350	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program income	\$	0	.00
g. TOTAL	\$	647,000	.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: **08/23/10**

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

a. Authorized Representative

Prefix Mr.	First Name Brian	Middle Name
Last Name Crane		Suffix
b. Title Director, Transportation and Engineering		c. Telephone number (give area code) (530) 245-7155
d. Signature of Authorized Representative <i>[Signature]</i> for		e. Date Signed AUG 26 2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 9-22-2010	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Association of Resource Conservation & Development Councils		Organizational Unit: Department:	
Organizational DUNS: 146135384		Division:	
Address: Street: 235D New York Ranch Road		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Jackson		Prefix: Ms	First Name: Valerie
County: Amador		Middle Name	
State: CA		Last Name Klinefelter	
Zip Code 95642	Suffix:		
Country: USA		Email: 'vk95869@hotmail.com'	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 80-0169292		Phone Number (give area code) (209) 245-3168	Fax Number (give area code) (209) 257-0910
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit (application submitted) Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-901		9. NAME OF FEDERAL AGENCY: Natural Resources Conservation Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Association of RC&D Councils Cooperative Agreement	
13. PROPOSED PROJECT Start Date: 10/01/2010 Ending Date: 12/31/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California All b. Project California All	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 63,500.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9-21-10	
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	\$ 63,500.00		
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 Ms	First Name Valerie	Middle Name	
Last Name Klinefelter		Suffix	
b. Title CARC&DC President		c. Telephone Number (give area code) (209) 257-1851 x100	
d. Signature of Authorized Representative <i>Valerie Klinefelter</i>		e. Date Signed 9/21/2010	

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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*Other (Specify) _____	RECEIVED SEP 23 2010
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3. Date Received:	4. Applicant Identifier: Department of Food and Agriculture, Plant Pest Diagnostics Center	STATE CLEARING HOUSE
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5a. Federal Entity Identifier: 10-8100-1584-CA	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State: 9/22/10	7. State Application Identifier:
-------------------------------------------	-----------------------------------------

8. APPLICANT INFORMATION:

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

d. Address:

*Street 1:	<u>3294 Meadowview Road</u>
Street 2:	_____
*City:	<u>Sacramento</u>
County:	<u>Sacramento</u>
*State:	<u>California</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>95832</u>

e. Organizational Unit:

Department Name: Food and Agriculture	Division Name: Plant Health and Pest Prevention Services
-------------------------------------------------	--------------------------------------------------------------------

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

Prefix: _____	*First Name: <u>Deborah</u>
Middle Name: _____	
*Last Name: <u>Meyer</u>	
Suffix: _____	

Title: Senior Seed Botanist - Supervisor

Organizational Affiliation:

*Telephone Number: (916) 262-1137	Fax Number: (916) 262-1190
------------------------------------------	-----------------------------------

*Email: dmeyer@cdfa.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:**

USDA-APHIS-PPQ-CPHST

11. Catalog of Federal Domestic Assistance Number:

10-025 _____

CFDA Title:

Table Grape Weed Disseminules of California's Central Valley _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

California's Central Valley

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

To develop an identification aid for detecting weed seeds of regulatory concern associated with exported table grapes.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: California *b. Program/Project: Table Grape Weed Disseminules of California's Central Valley

17. Proposed Project:
*a. Start Date: 9/1/10 *b. End Date: 7/31/11

18. Estimated Funding (\$):

*a. Federal	_____	\$14,060
*b. Applicant	_____	\$0.00
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$14,060

***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 9/23/10
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E. O. 12372

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

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

Authorized Representative:

Prefix: _____ *First Name: Kathy
Middle Name: _____
*Last Name: Alameda
Suffix: _____

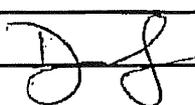
*Title: Manager, Federal Funds Management Unit

*Telephone Number: (916) 651-9888 Fax Number: (916) 653-0206

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

*Signature of Authorized Representative: [Handwritten Signature] *Date Signed: 9/23/10

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 CLEARING HOUSE
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: Corporation for Better Housing		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322		*c. Organizational DUNS: 602791829
d. Address:		
*Street 1:	15303 Ventura Blvd	
Street 2:	Suite 1100	
*City:	Sherman Oaks	
County:	Los Angeles	
*State:	CA	
Province:		
*Country:	USA	
*Zip / Postal Code:	91403	
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr.	*First Name: David
Middle Name:		
*Last Name:	Sclafani	
Suffix:		
Title:	Senior Vice President	
Organizational Affiliation:		
*Telephone Number: 818-905-2430		Fax Number: 818-905-2440
*Email: dsclafani@sbcglobal.net		

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-027		*b. Program/Project: CA-021
17. Proposed Project:		
*a. Start Date: 1/1/2011		*b. End Date: 1/1/2012
18. Estimated Funding (\$):		
*a. Federal	\$3,000,000 (RHS)	
*b. Applicant	\$132,356 (DDF)	
*c. State	\$4,504,026 (HOME	
*d. Local	and County	
*e. Other	\$5,062,267(Equity)	
*f. Program Income	\$4,000,000 (Serna)	
*g. TOTAL	\$16,566,571	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>7/1/2010</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.	*First Name: David	
Middle Name:		
*Last Name: Sclafani		
Suffix:		
*Title: Senior Vice President		
*Telephone Number: 818-905-2430		Fax Number: 818-905-2440
* Email: dsclafani@sbcglobal.net		
*Signature of Authorized Representative: 		*Date Signed: 7/1/2010

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application

RECEIVED

SEP 23 2010

STATE CLEARING HOUSE

Recipient ID:	1622
Recipient Name:	CALIFORNIA STATE DOT (CALTRANS) DIVISION OF MASS TRANSPORTATION
Project ID:	CA-85-X003-00
Budget Number:	1 - Budget Approved
Project Information:	Capital, Operating, and Admin Costs.

Part 1: Recipient Information

Project Number:	CA-85-X003-00
Recipient ID:	1622
Recipient Name:	CALIFORNIA STATE DOT (CALTRANS) DIVISION OF MASS TRANSPORTATION
Address:	P.O. BOX 942874 MS-39 , SACRAMENTO, CA 94274 0001
Telephone:	(916) 654-8625
Facsimile:	(916) 654-9366

Union InformationNo information found.**Part 2: Project Information**

Project Type:	Grant	Gross Project Cost:	\$2,233,817
Project Number:	CA-85-X003-00	Adjustment Amt:	\$0
Project Description:	Capital, Operating, and Admin Costs.	Total Eligible Cost:	\$2,233,817
Recipient Type:	State Agency	Total FTA Amt:	\$1,951,320
FTA Project Mgr:	Audrey Bredehoff	Total State Amt:	\$0
Recipient Contact:	Ogbonna/Dunisch 916.654.8625	Total Local Amt:	\$282,497
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0

Fed Dom Asst. #:	20509	Special Condition:	None Specified
Sec. of Statute:	5311-2	S.C. Tgt. Date:	None Specified
State Appl. ID:	135253776	S.C. Eff. Date:	None Specified
Start/End Date:	Sep. 08, 2010 - Sep. 30, 2017	Est. Oblig Date:	None Specified
Recvd. By State:	Sep. 14, 2010	Pre-Award Authority?:	No
EO 12372 Rev:	Not Applicable	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 08, 2010		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
64140	ATASCADERO--EL PASO DE ROBLES (PASO ROBL

Congressional Districts

State ID	District Code	District Official
6	1	Mike Thompson
6	2	Wally Herger
6	3	Daniel E Lungren
6	4	Tom McClintock
6	5	Doris O Matsui
6	6	Lynn C Woolsey
6	7	George Miller
6	8	Nancy Pelosi
6	9	Barbara Lee
6	10	Ellen O Tauscher
6	11	Jerry McNerney
6	12	Jackie Speier
6	13	Fortney P Stark
6	14	Anna G Eshoo
6	15	Michael M Honda

6	16	Zoe Lofgren
6	17	Sam Farr
6	18	Dennis A Cardoza
6	19	George P Radanovich
6	20	Jim Costa
6	21	Devin Nunes
6	22	Kevin McCarthy
6	23	Lois Capps
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Judy L Chu
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Laura Richardson
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	40	Edward R Royce
6	41	Jerry Lewis
6	42	Gary G Miller
6	43	Joe Baca
6	44	Ken Calvert
6	45	Mary Bono-Mack
6	46	Dana Rohrabacher
6	47	Loretta Sanchez
6	48	John Campbell
6	49	Darrell E Issa
6	50	Brian P Bilbray
6	51	Bob Filner
6	52	Duncan Hunter
6	53	Susan A Davis

Project Details

Section 5311 flex funds, grant CA-85-X003 comprises of six (6) capital projects totaling \$1,852,804.00 plus administration costs of \$98,516.00. Total allocated funds of \$1,951,320.00 had been transferred from FHWA to FTA. The grant components are:

1. City of Barstow, to replace three type VII, CNG buses for \$397,810.00
 2. County of Tuolumne, to replace two type III, gas buses; one type VII, diesel bus and one diesel trolley, totaling \$556,200.00
 3. Morongo Basin Transit Authority #1, to replace two type VII, CNG buses for \$233,813.00
 4. Morongo Basin Transit Authority #2, to replace three class E, CNG buses for \$361,241.00
 5. Mountain Area Regional Transit, to replace three type II, gas cutaway buses for \$212,990.00
 6. Yosemite Area Regional Transportation System, Marketing and Outreach for \$80,750.00
- Plus administration costs of \$98,516.00
 Total CA-85-X003: \$1,951,320.00

The Department is attaching a copy of FY2010 Certifications and Assurances that was submitted and affirmed November 10, 2009 in TEAM with this Grant Application. In addition, The Department is corresponding directly with United States Department of Labor to obtain Special Section 13© clearance. A signed copy of the letter from the Department to Ann Comer, Chief, U.S. Department of Labor dated September 9, 2010 and all pertinent union attachments will be sent to Paul Page at FTA, Region IX, San Francisco, California.

Please see attachments in TEAM for further project information.

Earmarks

No information found.

Security

No information found.

Part 3: Budget

Project Budget

	<u>Quantity</u>	<u>FTA Amount</u>	<u>Tot. Elig. Cost</u>
<u>SCOPE</u>			
111-00 BUS - ROLLING STOCK	15	\$1,772,054.00	\$2,050,301.00
<u>ACTIVITY</u>			
11.12.04 BUY REPLACEMENT <30 FT BUS	3	\$397,810.00	\$473,000.00
11.12.04 BUY REPLACEMENT <30 FT BUS	2	\$162,450.00	\$171,000.00
11.12.04 BUY REPLACEMENT <30 FT BUS	1	\$201,875.00	\$212,500.00
11.12.09 BUY REPLACEMENT TROLLEY BUS	1	\$201,875.00	\$212,500.00
11.12.03 BUY REPLACEMENT 30-FT BUS	5	\$595,054.00	\$728,101.00
11.12.04 BUY REPLACEMENT <30 FT BUS	3	\$212,990.00	\$253,200.00

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED September 27, 2010	Applicant Identifier Dept. of Food and Agriculture		
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE September 22, 2010	State Application Identifier F10-015		
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 10-8520-1317-CA		
<input type="checkbox"/> Non-Construction					
5. APPLICANT INFORMATION					
Legal Name: State of California		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">SEP 23 2010</p> <p style="font-size: 1.2em; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit:		
Organizational DUNS: 807487665			Department: Food and Agriculture		
Address: Street: 1220 N Street, Room 315			Division: Plant Health and Pest Prevention Services		
City: Sacramento			Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Sacramento			Prefix:	First Name: Joanne	
State: California	Zip Code 95814	Middle Name			
Country: United States		Last Name Shimada			
		Suffix:			
		Email: jshimada@cdfa.ca.gov			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="4"/>		Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="text" value="A"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/>		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Grape commodity and European grapevine moth (EGVM) surveys in California			
13. PROPOSED PROJECT Start Date: January 1, 2010 Ending Date: December 31, 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California b. Project Grape Commodity & EGVM			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 2,990,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant	\$.00	DATE:			
c. State	\$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 2,990,000.00				
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	First Name Kathy	Middle Name			
Last Name Alameda			Suffix		
b. Title Manager, Federal Funds Management Unit			c. Telephone Number (give area code) (916) 651-9888		
d. Signature of Authorized Representative			e. Date Signed		

OMB Number: 4040-0001
Expiration Date: 06/30/2011APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE State Application Identifier

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		4. a. Federal Identifier DE-FG03-02ER54681	
2. DATE SUBMITTED		b. Agency Routing Identifier	
Applicant Identifier			
5. APPLICANT INFORMATION * Organizational DUNS: 046705849			
* Legal Name: Regents of the University of California			
Department:		Division:	
* Street1: 5171 California Avenue			
Street2: Suite 150			
* City: Irvine		County / Parish: Orange County	
* State: CA: California		Province: STATE CLEARING HOUSE	
* Country: USA: UNITED STATES		* ZIP / Postal Code: 92697-7700	
Person to be contacted on matters involving this application			
Prefix: Ms.	* First Name: Judith	Middle Name:	
* Last Name: Aguirre		Suffix:	
* Phone Number: 949-824-0446		Fax Number: 949-824-2094	
Email: judith.aguirre@uci.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-2226406			
7. * TYPE OF APPLICANT: A: State Government			
Other (Specify):			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. * TYPE OF APPLICATION:		If Revision, mark appropriate box(es).	
<input type="checkbox"/> New <input type="checkbox"/> Resubmission		<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration	
<input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> E. Other (specify):	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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: "Beam Ion Studies in NSTX"			
12. PROPOSED PROJECT:		* 13. CONGRESSIONAL DISTRICT OF APPLICANT	
* Start Date	* Ending Date		
08/15/2011	08/14/2014	CA-048	
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: Dr.	* First Name: William	Middle Name: W.	
* Last Name: Heidbrink		Suffix: Ph.D.	
Position/Title: Professor and PI			
* Organization Name: Regents of the University of California			
Department: Physics and Astronomy		Division: Physical Sciences	
* Street1: 4174 Frederick Reines Hall			
Street2:			
* City: Irvine		County / Parish: Orange County	
* State: CA: California		Province:	
* Country: USA: UNITED STATES		* ZIP / Postal Code: 92697-4575	
* Phone Number: 949-824-5398		Fax Number: 949-824-2174	
* Email: wwheidbr@uci.edu			

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

15. ESTIMATED PROJECT FUNDING a. Total Federal Funds Requested <input type="text" value="413,460.00"/> b. Total Non-Federal Funds <input type="text" value="0.00"/> c. Total Federal & Non-Federal Funds <input type="text" value="413,460.00"/> d. Estimated Program Income <input type="text" value="0.00"/>	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: <input type="text" value="09/28/2010"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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 checked="" type="checkbox"/> * I agree <i>* 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.</i>	
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" value="Ms."/> * First Name: <input type="text" value="Judith"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Aguirre"/> Suffix: <input type="text"/> * Position/Title: <input type="text" value="Contract & Grant Officer"/> * Organization: <input type="text" value="Regents of the University of California"/> Department: <input type="text"/> Division: <input type="text"/> * Street1: <input type="text" value="5171 California Avenue"/> Street2: <input type="text" value="Suite 150"/> * City: <input type="text" value="Irvine"/> County / Parish: <input type="text" value="Orange County"/> * State: <input type="text" value="CA: California"/> Province: <input type="text"/> * Country: <input type="text" value="USA: UNITED STATES"/> * ZIP / Postal Code: <input type="text" value="92697-7700"/> * Phone Number: <input type="text" value="949-824-0446"/> Fax Number: <input type="text" value="949-824-2094"/> * Email: <input type="text" value="judith.aguirre@uci.edu"/> * Signature of Authorized Representative <input type="text" value="Completed on submission to Grants.gov"/> * Date Signed <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 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:

Completed by grants.gov upon submission.

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

CA-600

RECEIVED

SEP 27 2010

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Los Angeles Homeless Services Authority (LAHSA)

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

954498834

*c. Organizational DUNS:

637100361

d. Address:

*Street 1: 453 S. Spring Street, 12th Floor

Street 2: _____

*City: Los Angeles

County: _____

*State: California

Province: _____

*Country: USA; United States*Zip / Postal Code 90013

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: Helen

Middle Name: _____

*Last Name: Lee

Suffix: _____

Title: Funding Manager

Organizational Affiliation:

Los Angeles Homeless Services Authority

*Telephone Number: 213-683-3333

Fax Number: 213-892-0093

*Email: hlee@lahsa.org or snofa@lahsa.org

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

Joint Powers Authority

***10 Name of Federal Agency:**

Department of Housing and Urban Development, Office of Community Planning and Development

11. Catalog of Federal Domestic Assistance Number:

14.235 _____

CFDA Title:

Supportive Housing Program (SHP) _____

***12 Funding Opportunity Number:**

FR-5415-N-17 _____

*Title:

Notice of Funding Opportunity Available for Continuum of Care (CoC) Homeless Assistance Programs _____

13. Competition Identification Number:

N/A _____

Title:

N/A _____

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

Los Angeles City and County

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

FY2010 SuperNOFA Application for the Los Angeles Continuum of Care

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
 *a. Applicant: 34 *b. Program/Project: See Attachment.

17. Proposed Project:
 *a. Start Date: 1/1/2011 *b. End Date: 12/31/2011

18. Estimated Funding (\$):

*a. Federal	<u>\$21,823,678.00</u>
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	<u>\$21,823,678.00</u>

***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 9/21/10
 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

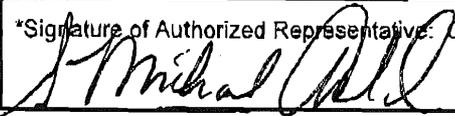
Authorized Representative:

Prefix: Mr. *First Name: G. Michael
 Middle Name: _____
 *Last Name: Arnold
 Suffix: _____

*Title: Executive Director

*Telephone Number: 213-683-3333 Fax Number: 213-892-0093

* Email: marnold@lahsa.org

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

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

RECEIVED
SEP 28 2010

916-323-3018

Application

Recipient ID:	1622
Recipient Name:	CALIFORNIA STATE DOT (CALTRANS) DIVISION OF MASS TRANSPORTATION
Project ID:	CA-18-X043-00
Budget Number:	1 - Budget Approved
Project Information:	Capital, Operating, 5311F and adm\$

Part 1: Recipient Information

Project Number:	CA-18-X043-00
Recipient ID:	1622
Recipient Name:	CALIFORNIA STATE DOT (CALTRANS) DIVISION OF MASS TRANSPORTATION
Address:	P.O. BOX 942874 MS-39 , SACRAMENTO, CA 94274 0001
Telephone:	(916) 654-8625
Facsimile:	(916) 654-9366

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$101,553,496
Project Number:	CA-18-X043-00	Adjustment Amt:	\$0
Project Description:	Capital, Operating, 5311F and adm\$	Total Eligible Cost:	\$101,553,496
Recipient Type:	State Agency	Total FTA Amt:	\$22,912,229
FTA Project Mgr:	Audrey Bredehoft	Total State Amt:	\$0
Recipient Contact:	Ogbonna/Dunisch 916.654.8625	Total Local Amt:	\$78,641,267
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0

Fed Dom Asst. #:	20509
Sec. of Statute:	5311-1
State Appl. ID:	135253776
Start/End Date:	Sep. 07, 2010 - Sep. 30, 2017
Recvd. By State:	Sep. 14, 2010
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 07, 2010
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	No
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

Congressional Districts

State ID	District Code	District Official
6	1	Mike Thompson
6	2	Wally Herger
6	3	Daniel E Lungren
6	4	Tom McClintock
6	5	Doris O Matsui
6	6	Lynn C Woolsey
6	7	George Miller
6	8	Nancy Pelosi
6	9	Barbara Lee
6	10	Ellen O Tauscher
6	11	Jerry McNerney
6	12	Jackie Speier
6	13	Fortney P Stark
6	14	Anna G Eshoo
6	15	Michael M Honda
6	16	Zoe Lofgren

6	17	Sam Farr
6	18	Dennis A Cardoza
6	19	George P Radanovich
6	20	Jim Costa
6	21	Devin Nunes
6	22	Kevin McCarthy
6	23	Lois Capps
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Judy L Chu
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Laura Richardson
6	38	Grace F Napolitano
6	39	Linda T Sanchez
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6	41	Jerry Lewis
6	42	Gary G Miller
6	43	Joe Baca
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6	46	Dana Rohrabacher
6	47	Loretta Sanchez
6	48	John Campbell
6	49	Darrell E Issa
6	50	Brian P Bilbray
6	51	Bob Filner
6	52	Duncan Hunter
6	53	Susan A Davis

Project Details

CA18-X043 grant:

The Department is submitting CA-18-X043 for 100% of section 5311 and Rual Transit Assistance (RTAP) Fiscal Year 2010 apportionments. Program of Projects includes eighty-five (85) projects funded from Regional apportionments. This grant application comprises of:

CATEGORY FTA AMOUNT

Capital projects \$526,033
 Operating Assistance \$15,571,221
 Administration Costs \$3,152,358
 RTAP \$265,627
 Program Reserves (5311F) \$3,396,990
 Total FY2010 CA-18-X043 \$22,912,229

The Department is attaching a copy of FY2010 Certifications and Assurances that was submitted and affirmed November 10, 2009 in TEAM with this Grant Application. In addition, The Department is corresponding directly with United States Department of Labor to obtain Special Section 13© clearance. A signed copy of the letter from the Department to Ann Comer, Chief, U.S. Department of Labor dated September 10, 2010 and all pertinent union attachments will be sent to Paul Page at FTA, Region IX in San Francisco, California.

Of the eighty-five (85) projects allocated, three (3) are capital projects and eighty-two (82) are operating assistance projects. There is no Tribal project included in this grant.

Currently, sixty-one (61) projects are in category A and twenty-four projects are in category B. Upon STIP amendment, Category B projects will be moved to Category A.

Due to lack of staff times created by the three Fridays furlough days of each month, as part of the State Furlough Program and times spent on FY2009 Recovery Act grants. Section 5311F projects are delayed from being selected. Grant CA-18-X043 set aside 15% which is \$3,396,990 toward section 5311F program of projects, funds will be allocated upon final selection of projects.

Please see attachments for further project information.

Earmarks

No information found.

Security

No information found.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
111-00 BUS - ROLLING STOCK	7	\$526,033.00	\$611,978.00
<u>ACTIVITY</u>			
11.12.04 BUY REPLACEMENT <30 FT BUS	7	\$526,033.00	\$611,978.00
<u>SCOPE</u>			

300-00 OPERATING ASSISTANCE	0	\$15,571,221.00	\$90,729,553.00
ACTIVITY			
30.09.02 SLIDING SCALE (5311 OR 5310 PILOT ONLY)	0	\$15,571,221.00	\$90,729,553.00
SCOPE			
610-00 STATE ADMINISTRATION	0	\$3,152,358.00	\$3,152,358.00
ACTIVITY			
11.80.00 STATE OR PROGRAM ADMINISTRATION	0	\$3,152,358.00	\$3,152,358.00
SCOPE			
634-00 INTERCITY BUS TRANSPORTATION	0	\$3,396,990.00	\$6,793,980.00
ACTIVITY			
11.73.00 CONTINGENCIES/PROGRAM RESERVE	0	\$3,396,990.00	\$6,793,980.00
SCOPE			
635-00 RURAL TRANSIT ASST PROGRAM	0	\$265,627.00	\$265,627.00
ACTIVITY			
43.50.02 TECHNICAL ASSISTANCE	0	\$265,627.00	\$265,627.00
Estimated Total Eligible Cost:			\$101,553,496.00
Federal Share:			\$22,912,229.00
Local Share:			\$78,641,267.00

OTHER (Scopes and Activities not included in Project Budget Totals)

None

SOURCES OF FEDERAL FINANCIAL ASSISTANCE

<u>UZA ID</u>	<u>Accounting Classification</u>	<u>FPC</u>	<u>FY</u>	<u>SEC</u>	<u>Previously Approved</u>	<u>Amendment Amount</u>	<u>Total</u>
60000	2010.25.18.81.2	06	2010	18	\$0.00	\$3,152,358.00	\$3,152,358.00
60000	2010.25.18.81.2	09	2010	18	\$0.00	\$19,494,244.00	\$19,494,244.00
60000	2010.25.18.R7.2	07	2010	18	\$0.00	\$265,627.00	\$265,627.00
Total Previously Approved:						\$0.00	
Total Amendment Amount:						\$22,912,229.00	

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

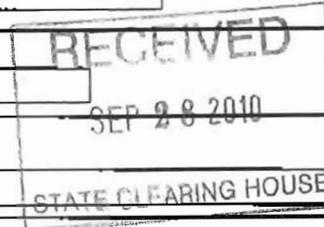
* If Revision, select appropriate letter(s):

* 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:

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:

2950 Paramount Blvd. #210

Street2:

Street 2

* City:

Lakewood

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

90712-0000

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:

Robert

Middle Name:

* Last Name:

Gorham

Suffix:

Title: Division Chief

Organizational Affiliation:

* Telephone Number:

562-497-9102

Fax Number:

* Email:

bob.gorham@fire.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Pipeline & Hazardous Material Safety Administration

11. Catalog of Federal Domestic Assistance Number:

20.700

CFDA Title:

Pipeline Safety Program Base Grants

*** 12. Funding Opportunity Number:**

DOT-PH-PHP-11-HL

* Title:

DOT PHMSA 2011 Hazardous Liquid Base Grant

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

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.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	1,590,852.00
* b. Applicant	0.00
* c. State	397,713.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,988,565.00

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

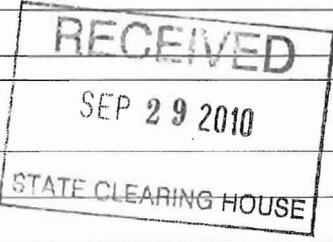
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier CA-04-0163
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Santa Monica Municipal Bus Lines	Organizational Unit: Department: Transit Programs
Organizational DUNS: 833665896	Division:
Address: Street: 1660 7th Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms.
City: Santa Monica	First Name: Enny
County: Los Angeles County	Middle Name
State: California	Last Name Chung
Zip Code 90401	Suffix:
Country: United States of America	Email: enny.chung@smgov.net



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 7 9 0	Phone Number (give area code) (310) 458-1975 x2296	Fax Number (give area code) (310) 395-5460
------------------------------------------------------------------------	-------------------------------------------------------	-----------------------------------------------

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) (c) Municipal Other (specify)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 5 0 0	9. NAME OF FEDERAL AGENCY: Federal Transit Administration
--------------------------------------------------------------------------	---------------------------------------------------------------------

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Section 5309 FY2008 Bus Replacement (MTOC)	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Monica, Los Angeles County
----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 30 b. Project
---------------------------------------------------------	-------------------------------------------------------------------------

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,078,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/25/2010
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 \$ 269,500 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 \$ 1,347,500 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 Rod	Middle Name
Last Name Gould		Suffix
b. Title City Manager		c. Telephone Number (give area code) (310) 458-1975 x8301
d. Signature of Authorized Representative		e. Date Signed 5/25/10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 09/28/10	Applicant Identifier
Pro application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 00-495 3360

5. APPLICANT INFORMATION		Organizational Unit	
Legal Name: City of Farmersville		Department: City Engineer (Contract)	
Organizational DUNS: 00-495-3360		Division: N/A	
Address: Street: 909 West Visalia Road		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Farmersville		Prefix: Mr.	First Name: David
County: Tulare		Middle Name	
State: CA Zip Code: 93223		Last Name: Jacobs	
Country: USA		Suffix: P.E.	
		Email: DavidJ@quadknopf.com	

RECEIVED
SEP 30 2010
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6099396		Phone Number (give area code) 559-733-0440	Fax Number (give area code) 559-733-7821
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) Municipal	
Other (specify)		Other (specify)	
		9. NAME OF FEDERAL AGENCY: USDA Rural Development	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 14-769		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Treatment Facility Expansion and Upgrade	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Farmersville			

13. PROPOSED PROJECT Start Date: 2011 Ending Date: 2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21st b. Project 21st	
------------------------------------------------------------	--	----------------------------------------------------------------------	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 14,492,363.00	a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 14,492,363.00		

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 Mrs.	First Name Cathey	Middle Name Rene	
Last Name Miller		Suffix	
b. Title City Manager	c. Telephone Number (give area code) 559-747-3306		
d. Signature of Authorized Representative		e. Date Signed 9/29/10	

Cathey Miller

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

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

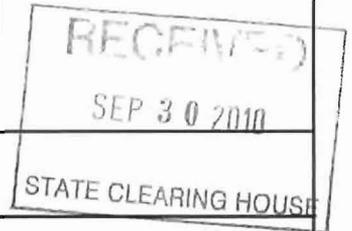
* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

CA-CITY-DANVILLE



5a. Federal Entity Identifier:

U.S. Dept of Housing Urban Dev

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Town of Danville

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

94-2834842

* c. Organizational DUNS:

1337364390000

d. Address:

* Street1:

510 La Gonda Way

Street2:

* City:

Danville

County/Parish:

Contra Costa

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94526-7542

e. Organizational Unit:

Department Name:

Development Services

Division Name:

Engineering

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

Prefix:

Mr.

* First Name:

Michael

Middle Name:

A.

* Last Name:

Stella

Suffix:

Title:

Senior Civil Engineer

Organizational Affiliation:

* Telephone Number:

925-314-3316

Fax Number:

925-838-0360

* Email:

mstella@danville.ca.gov

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.251

CFDA Title:

Economic Development Initiative-Special Project, Neighborhood Initiative and Miscellaneous Grants

*** 12. Funding Opportunity Number:**

2010-EDI-SP

* Title:

Economic Development Initiative - EDI Special Project

13. Competition Identification Number:

10-EDI-SP

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Restoration of the Veterans Memorial Building of the San Ramon Valley

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="200,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="5,905,000.00"/>
* e. Other	<input type="text" value="1,897,488.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="8,002,488.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed: