

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16 - 30, 2011**. 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**

OMB Approved No. 3005

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier CA0805B9D041003
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier FR-5500-N-34
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Greater Bakersfield Legal Assistance, Inc. (GBLA)		Organizational Unit: Department: N/A	
Organizational DUNS: 113798383		Division: N/A	
Address: Street: 615 California Ave.		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Bakersfield		Prefix: Ms.	
County: Kern		First Name: Estela	
State: CA		Middle Name: N/A - No Middle Name	
Zip Code: 93304		Last Name: Casas	
Country: USA		Suffix: Esq.	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 06-2820257		Email: ecasas@gbia.org	
<b>7. TYPE OF APPLICATION:</b> <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"/>		Phone Number (give area code): 661-334-4660	
		Fax Number (give area code): 661-325-4482	
<b>8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-235		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> Not for Profit Other (specify)	
TITLE (Name of Program): Supportive Housing Program (SHP)		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County of Kern and Bakersfield, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> The "Community Homeless Law Center Project" removes legal barriers (either through direct civil legal assistance or participation in the Community Homeless Court) that prohibit many homeless persons from securing housing and employment. Legal assistance, outreach, case management, support and follow-through is provided.	
<b>13. PROPOSED PROJECT</b> Start Date: August 1, 2012		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 20 & 22	
Ending Date: July 31, 2013		b. Project: 20 & 22	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 120,044.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 30,111.00	DATE: 10-19-11	
c. State	\$ .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	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 150,055.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative:</b>			
Prefix: Ms.		Middle Name: N/A - No Middle Name	
First Name: Estela		Suffix: Esq.	
Last Name: Casas		c. Telephone Number (give area code): 661-334-4660	
b. Title: Executive Director		d. Date Signed: 10-18-11	
d. Signature of Authorized Representative: 			

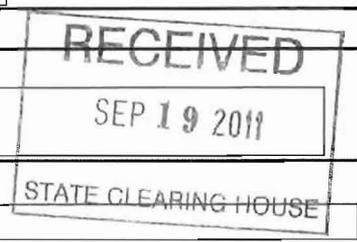
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

<b>* 1.a. Type of Submission:</b> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		<b>* 1.b. Frequency:</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		<b>* 1.d. Version:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		<b>* 2. Date Received:</b> <input type="text" value="09/16/2011"/>		<b>STATE USE ONLY:</b>	
		<b>3. Applicant Identifier:</b> <input type="text"/>		<b>5. Date Received by State:</b> <input type="text"/>	
		<b>4a. Federal Entity Identifier:</b> <input type="text"/>		<b>6. State Application Identifier:</b> <input type="text"/>	
		<b>4b. Federal Award Identifier:</b> <input type="text"/>			
<b>1.c. Consolidated Application/Plan/Funding Request?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>					

**7. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> <input type="text" value="Los Angeles County Metropolitan Transportation Authority"/>	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text" value="95-4401975"/>	<b>* c. Organizational DUNS:</b> <input type="text" value="044055523"/>
<b>d. Address:</b>	
<b>* Street1:</b> <input type="text" value="One Gateway Plaza"/>	<b>Street2:</b> <input type="text"/>
<b>* City:</b> <input type="text" value="Los Angeles"/>	<b>County:</b> <input type="text"/>
<b>* State:</b> <input type="text" value="CA: California"/>	<b>Province:</b> <input type="text"/>
<b>* Country:</b> <input type="text" value="USA: UNITED STATES"/>	<b>* Zip / Postal Code:</b> <input type="text" value="90012"/>



<b>e. Organizational Unit:</b>	
<b>Department Name:</b> <input type="text"/>	<b>Division Name:</b> <input type="text"/>

<b>f. Name and contact information of person to be contacted on matters involving this submission:</b>		
<b>Prefix:</b> <input type="text"/>	<b>* First Name:</b> <input type="text" value="Ashad"/>	<b>Middle Name:</b> <input type="text"/>
<b>* Last Name:</b> <input type="text" value="Hamideh"/>		<b>Suffix:</b> <input type="text" value="PhD"/>
<b>Title:</b> <input type="text" value="Transportation Planning Manager"/>		
<b>Organizational Affiliation:</b> <input type="text"/>		
<b>* Telephone Number:</b> <input type="text" value="213-922-4299"/>	<b>Fax Number:</b> <input type="text"/>	
<b>* Email:</b> <input type="text" value="hamideha@metro.net"/>		

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

**\* 8a. TYPE OF APPLICANT:**

E: Regional Organization

\* Other (specify):

b. Additional Description:

Transportation Planning Agency/Transit Operator

**\* 9. Name of Federal Agency:**

DOT/Federal Transit Administration

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

20.500

CFDA Title:

Federal Transit\_Capital Investment Grants

**11. Areas Affected by Funding:**

Los Angeles County

**12. CONGRESSIONAL DISTRICTS OF:**

\* a. Applicant:

CA-034

b. Program/Project:

CA-034

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

Add Attachment

Delete Attachment

View Attachment

**13. FUNDING PERIOD:**

a. Start Date:

01/01/2012

b. End Date:

12/31/2014

**14. ESTIMATED FUNDING:**

\* a. Federal (\$):

2,000,000.00

b. Match (\$):

500,000.00

**\* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

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

09/16/2011

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

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

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

**\* 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes

No

**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 218, Section 1001)**

\*\* I Agree

\*\* This 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:

Organizational Affiliation:

\* Telephone Number:

\* Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

Attach supporting documents as specified in agency instructions.

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):

[Empty field]

\* Other (Specify):

[Empty field]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

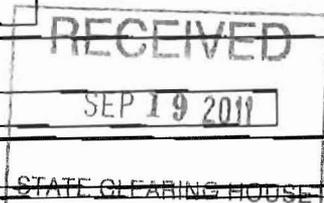
[Empty field]

5a. Federal Entity Identifier:

[Empty field]

5b. Federal Award Identifier:

[Empty field]



State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

B. APPLICANT INFORMATION:

\* a. Legal Name:

The Regents of the University of California, Berkeley

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

94-6002123

\* c. Organizational DUNS:

1247267250000

d. Address:

\* Street1:

Sponsored Projects Office

Street2:

2150 Shattuck Ave, Suite 300

\* City:

Berkeley

County/Parish:

Alameda

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94720-5940

e. Organizational Unit:

Department Name:

Sponsored Projects Office

Division Name:

[Empty field]

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

Prefix:

[Empty field]

\* First Name:

Deborah

Middle Name:

[Empty field]

\* Last Name:

Rutkowski-Howard

Suffix:

[Empty field]

Title:

Research Administrator

Organizational Affiliation:

[Empty field]

\* Telephone Number:

510-643-5603

Fax Number:

510-642-8236

\* Email:

deborahr@berkeley.edu

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U. S. Geological Survey

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

15.808

CFDA Title:

U.S. Geological Survey Research and Data Collection

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

G11AS20026

\* Title:

USGS Non-Competitive Assistance FY 2011 - Headquarters

**13. Competition Identification Number:**

G11AS20026

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Land Cover Trends Web Application Development

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="75,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* 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="75,000.00"/>

**\* 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 in attachment.)**

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier SAI-Exempt
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 06-

**5. APPLICANT INFORMATION**

Legal Name: California - Department of Parks and Recreation		<b>Organizational Unit:</b>	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
County: Sacramento		Prefix: Ms.	First Name: Patti
State: California Zip Code 94296-0001		Middle Name	
Country: USA		Last Name Keating	
		Suffix:	
		Email: pkeating@parks.ca.gov	

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> [68]-[0303606]		Phone Number (give area code) (916) 651-8597		Fax Number (give area code) (916) 653-6511	
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. State Other (specify)			
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Land & Water Conservation Fund [15]-[916]		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Interior, National Park Service			
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> 06- Statewide		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 2014 California Outdoor Recreation Plan (CORP) California Department of Parks and Recreation, Planning Division			
---	--	--	--	--	--

<b>13. PROPOSED PROJECT</b> Start Date: Ending Date:		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 03 b. Project Statewide			
---	--	--	--	--	--

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal	\$ 159,771.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 09/20/2011			
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State	\$ 159,771.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>			
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income	\$				
g. TOTAL	\$ 319,542.00				

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

<b>a. Authorized Representative</b>		Prefix Ms.		First Name Patti		Middle Name	
Last Name Keating						Suffix	
<b>b. Title</b> Chief, Office of Grants and Local Services						<b>c. Telephone Number (give area code)</b> (916) 651-8597	
<b>d. Signature of Authorized Representative</b>						<b>e. Date Signed</b>	

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:**

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

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

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

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

11-9706-2033-CA

**State Use Only:**

6. Date Received by State:

7. State Application Identifier: 11-0157-FR

**8. APPLICANT INFORMATION:**

\*a. Legal Name: California Department of Food and Agriculture

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

68-0325104

\*c. Organizational DUNS:

807-487-665

**d. Address:**

\*Street 1: 1220 N Street

Street 2: \_\_\_\_\_

\*City: Sacramento Place: 6400

County: Sacramento County: 067

\*State: CA 06

Province: \_\_\_\_\_

\*Country: USA GSA: 3150

\*Zip / Postal Code 95814



**e. Organizational Unit:**

Department Name:

California Department of Food and Agriculture

Division Name:

Animal Health and Food Safety Services

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

Prefix: \_\_\_\_\_

\*First Name: Victor

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

\*Last Name: Velez

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

Title: Research Program Specialist II

Organizational Affiliation:

\*Telephone Number: (916) 900-5047

Fax Number: (916) 900-5333

\*Email: vvelez@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, Veterinary Services**

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

Plant Pest and Animal Disease \_\_\_\_\_

CFDA Title:

Advancing Animal Disease Traceability \_\_\_\_\_

**\*12 Funding Opportunity Number:**

10-025 \_\_\_\_\_

\*Title:

Plant Pest and Animal Disease \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

Entire State of California (06)

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

Advancing Animal Disease Traceability

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

**16. Congressional Districts Of:**  
 \*a. Applicant: 05 \*b. Program/Project: Statewide

**17. Proposed Project:**  
 \*a. Start Date: 7/1/11 \*b. End Date: 6/30/12

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

*a. Federal		96,089	
*b. Applicant			
*c. State		51,491	
*d. Local			
*e. Other			
*f. Program Income			
*g. TOTAL		147,580	

**\*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: Kathy

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

\*Last Name: Alameda

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

\*Title: Federal Funds Manager

\*Telephone Number: (916) 651-9888 Fax Number: \_\_\_\_\_

\* Email: KAlameda@cdfa.ca.gov

\*Signature of Authorized Representative: *Kathy Alameda for KAlameda* \*Date Signed: 9/20/11

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Department of Food and Agriculture	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier F10-040	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8500-0484-CA	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application	5. APPLICANT INFORMATION		
Legal Name: State of California		Organizational Unit: Department: Food and Agriculture		
Organizational DUNS: 807487665		Division: Plant Health & Pest Prevention Services		
Address: Street: 1220 N Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: First Name: Susan		
County: Sacramento		Middle Name		
State: CA		Last Name Ichiho		
Zip Code 95811		Suffix:		
Country: USA		Email: susan.ichiho@cdfa.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) 916-900-5246		Fax Number (give area code) 916-900-5350
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.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pierce's Disease Control Program/Glassy-winged Sharpshooter		
TITLE (Name of Program): Plant and Animal Disease, Pest Control and Animal Care		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		
13. PROPOSED PROJECT Start Date: 10/1/2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California		
Ending Date: 03/31/2012		b. Project GWSS		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 3,200,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ . <sup>00</sup>	DATE:		
c. State	\$ . <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ . <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ . <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$ . <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 3,200,000 <sup>00</sup>	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative				
Prefix		First Name Kathy		Middle Name
Last Name Alameda		Suffix		
b. Title Federal Funds Manager		c. Telephone Number (give area code) 916-651-9888		
d. Signature of Authorized Representative		e. Date Signed		

Scott 654-0555

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>2. DATE SUBMITTED</b> September 21, 2011	Applicant Identifier Dept. of Food and Agriculture
<b>3. DATE RECEIVED BY STATE</b> September 21, 2011	State Application Identifier
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 11-8520-1507-CA

<b>1. TYPE OF SUBMISSION:</b> Application	Pre-application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

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

RECEIVED  
SEP 21 2011  
STATE CLEARING HOUSE

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

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

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

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-025 TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care
--

<b>9. NAME OF FEDERAL AGENCY:</b> USDA/APHIS/PPQ
---

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California
---

<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Oriental Fruit Fly Eradication Project
--

<b>13. PROPOSED PROJECT</b> Start Date: September 13, 2011	Ending Date: September 12, 2012
--	------------------------------------

<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 11	b. Project Oriental Fruit Fly Eradication Pr
---	---

<b>15. ESTIMATED FUNDING:</b>	
a. Federal	\$ 343,365.00
b. Applicant	\$ .00
c. State	\$ 924,329.00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 1,267,694.00

<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 21, 2011 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.**

<b>a. Authorized Representative</b>		
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	

**Application for Federal Assistance SF-424**

Version 02

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

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

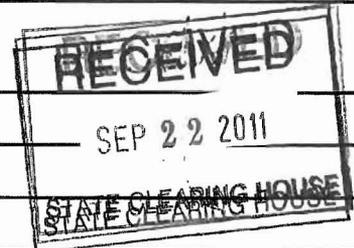
\*Other (Specify) \_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:



**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Dinuba Village Partners, a California Limited Partnership

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
45-3001180

\*c. Organizational DUNS:  
968997937

**d. Address:**

\*Street 1: 8445 W. Elowin Court / P.O.Box 6520  
Street 2: \_\_\_\_\_  
\*City: Visalia  
County: County of Tulare  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: \_\_\_\_\_  
\*Zip / Postal Code 93290

**e. Organizational Unit:**

Department Name:  
Multi-Family Housing

Division Name:  
N/A

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

Prefix: \_\_\_\_\_ \*First Name: Doug  
Middle Name: \_\_\_\_\_  
\*Last Name: Pingel  
Suffix: \_\_\_\_\_

Title: Multi-Family Program Director

Organizational Affiliation:  
N/A

\*Telephone Number: 559-802-1651

Fax Number: 559-651-3634

\*Email: [dougp@selfhelpenterprises.org](mailto:dougp@selfhelpenterprises.org)

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

Rural Housing Service (RHS) USDA

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

10.405/10.427

CFDA Title:

10.405 Rural Rental Housing Loans/10.427 Rural Rental Assistance Payments

**\*12 Funding Opportunity Number:**

N/A

\*Title:

N/A

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

Dinuba and County of Tulare

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

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA - 021

\*b. Program/Project: CA -021

**17. Proposed Project:**

\*a. Start Date: 6/15/2012

\*b. End Date: 6/2013

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

*a. Federal	\$2,000,000
*b. Applicant	-0-
*c. State	\$4,248,516
*d. Local	\$5,298,056
*e. Other	\$46,105
<del>*f. Program Income</del>	
<b>TOTAL</b>	<b>\$11,592,677</b>

**\*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 to be submitted concurrently
- 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: Peter

Middle Name: N.

\*Last Name: Carey

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

\*Title: President/CEO of Self Help Enterprises, General Partner

\*Telephone Number: 559-802-1600

Fax Number: 559-651-3634

\* Email: peterc@selfhelpenterprises.org

\*Signature of Authorized Representative: 

\*Date Signed: 8/1/2011

**Application for Federal Assistance SF-424**

Version 02

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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Santa Clara Unified School District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0219105	*c. Organizational DUNS: 069128148
---	---------------------------------------

**d. Address:**

*Street1: 1840 Benton St. Street 2: *City: Santa Clara County: Santa Clara *State: CA Province: Country: USA	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p>SEP 22 2011</p> <p>STATE CLEARING HOUSE</p> </div>
*Zip/ Postal Code: 95050	

**e. Organizational Unit:**

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

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

Prefix: Mrs. First Name: Leah  
 Middle Name:  
 \*Last Name: Gronlund  
 Suffix:

Title: Grant Coordinator

Organizational Affiliation:

*Telephone Number: 408 423-3513	Fax Number: 408 423-3581
---------------------------------	--------------------------

\*Email: lgronlund@yahoo.com

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: G. Independent School District

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

14.235

\*12. Funding Opportunity Number: FR-5500-n-34

\*Title:

13. Competition Identification Number:

Title: *?*

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

Santa Clara County, CA

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

Career Advantage & Retraining Project

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of: 011, 014, 015, 016

\*a. Applicant **Santa Clara Unified School District** \*b. Program/Project: **Career Advantage & Retraining Project**

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

17. Proposed Project:

\*a. Start Date: **07/01/2012** \*b. End Date: **06/30/2013**

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

*a. Federal	\$200,534.00
*b. Applicant	\$47,747.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$248,281.00

**\*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: **Mrs.** \*First Name: **Kathy**

Middle Name:

\*Last Name: **Martarano**

Suffix:

\*Title: **Director of Educational Options**

\*Telephone Number: **408 423-3503**

Fax Number: **408 423-3580**

\*Email: **kmartarano@scusd.net**

\*Signature of Authorized Representative: *Kathy Martarano* Date Signed: **9 | 22 | 11**

80012 114101

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 09/23/11	Applicant Identifier
1. TYPE OF SUBMISSION: Application		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			
<b>5. APPLICANT INFORMATION</b>			
Legal Name: COUNTY OF NAPA		Organizational Unit:	
Organizational DUNS: 071488188		Department: HEALTH AND HUMAN SERVICES	
Address: Street: 2201 ELM ST.		Division:	
City: NAPA		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: NAPA		Prefix: First Name: BENJAMIN	
State: CA Zip Code: 94559		Middle Name: FRANCIS	
Country: USA		Last Name: KING	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-0602523		Suffix:	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Email: BENJAM.KING@COUNTYOFNAPA.ORG	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code): 707-253-4173	
Other (specify) RENEWAL		Fax Number (give area code): 707-299-4123	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-333		7. TYPE OF APPLICANT: (See back of form for Application Types)	
TITLE (Name of Program): SHP		COUNTY GOVERNMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): NAPA COUNTY		Other (specify)	
13. PROPOSED PROJECT Start Date: 7/1/2012 Ending Date: 6/30/2013		9. NAME OF FEDERAL AGENCY: HUD	
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: HMIS 2011	
a. Federal \$	b. Applicant \$	14. CONGRESSIONAL DISTRICTS OF:	
c. State \$	d. Local \$	a. Applicant CA-001	b. Project CA-001
e. Other \$	f. Program Income \$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
g. TOTAL \$		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/23/11	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
19. Authorized Representative Prefix: Last Name: SNOWDEN		c. OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
First Name: RANDOLPH		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
Middle Name: F.			
Suffix:			
a. Title: DIRECTOR		c. Telephone Number (give area code): 707-383-4279	
4. Signature of Authorized Representative: [Signature]		d. Date Signed: 09-23-2011	

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SEP 23 2011  
STATE CLEARING HOUSE

0000011000

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	9/23/11	Applicant Identifier
1. TYPE OF SUBMISSION: Application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
2. APPLICANT INFORMATION				
Legal Name: COUNTY OF NAPA		Organizational Unit: Department: HEALTH AND HUMAN SERVICES		
Organizational OUNS: 071688188		Division:		
Address: Street: 2261 ELM ST.		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: NAPA		Prefix: First Name: BENJAMIN		
County: NAPA		Middle Name: FRANCIS		
State: CA Zip Code: 94559		Last Name: KING		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-0200525		Email: BENJAMIN.KING@COUNTYOFNAPA.CA.GOV		
8. TYPE OF APPLICATION: <input 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) RENEWAL		7. TYPE OF APPLICANT: (See back of form for Application Types) COUNTY GOVERNMENT Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): SHP 104-2133		9. NAME OF FEDERAL AGENCY: HUD		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): NAPA COUNTY		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: HMIS EXPANSION 2011		
13. PROPOSED PROJECT Start Date: 4/1/2012 Ending Date: 3/31/2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-001 b. Project CA-001		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$	b. Applicant \$	1. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/23/11		
c. State \$	d. Local \$	2. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other \$	f. Program Income \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
g. TOTAL \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: Last Name: SNOWDEN		Middle Name: F		
First Name: RANDOLPH		Suffix:		
b. Title: DIRECTOR		c. Telephone Number (give area code): 707-253-4279		
d. Signature of Authorized Representative: <i>[Signature]</i>		e. Date Signed: 09-23-2011		

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 SEP 23 2011  
 STATE CLEARING HOUSE

**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):  * Other (Specify)
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*3. Date Received:	4. Application Identifier:	<b>RECEIVED</b>
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	SEP 23 2011
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<b>State Use Only:</b>	STATE CLEARING HOUSE
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6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

\* a. Legal Name: REGENTS OF THE UNIVERSITY OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	*c. Organizational DUNS: 04-712-0084
---	---

**d. Address:**

\*Street1: 1850 RESEARCH PARK DRIVE, SUITE #300  
Street 2:  
\*City: DAVIS  
County: USA  
\*State: CA  
Province:  
Country: \*Zip/ Postal Code: 95618-6153

**e. Organizational Unit:**

Department Name: OVCR	Division Name: SPONSORED PROGRAMS
--------------------------	--------------------------------------

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

Prefix: First Name: WENDY  
Middle Name:  
\*Last Name: JOHNSON-MESA  
Suffix:

Title:

Organizational Affiliation:

\*Telephone Number: 530-752-0112 Fax Number: 530-754-9077

\*Email: wjohnsonmesa@ucdavis.edu

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One -

Type of Applicant 2: Select Applicant Type:  
- Select One -

Type of Applicant 3: Select Applicant Type:  
H. Public/State Controlled Institution of Higher Education

\*Other (specify):

\*10. Name of Federal Agency:  
USDA, APHIS, PPQ

11. Catalog of Federal Domestic Assistance Number:

CFDA Title: 10.025

\*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:

"NATIONAL PLANT DIAGNOSTIC NETWORK NATIONAL EMETING, WORKSHOPS & TOURS,  
NOVEMBER 2011"

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant **CA-001**

\*b. Program/Project: **CA-001**

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

17. Proposed Project:

\*a. Start Date: **08/15/2011**

\*b. End Date: **12/31/2011**

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

\*a. Federal **\$6,641.00**

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL **\$6,641.00**

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

a. This application was made available to the State under the Executive Order 12372 Process for review on **9/23/11**

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: **hendra**

Middle Name:

\*Last Name: **Rose**

Suffix:

\*Title: **contracts and grants analyst**

\*Telephone Number: **530-754-7999**

Fax Number:

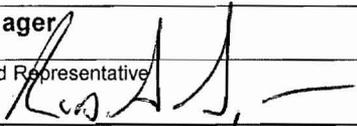
\*Email: **khose@ucdavis.edu**

\*Signature of Authorized Representative: 

Date Signed: **9/23/11**

Application received 12/23/11

## APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <b>September 2011</b>	Applicant Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: <b>City of Redding, California</b>		<b>RECEIVED</b>	
Organizational DUNS: <b>07-378-0413</b>		<b>SEP 26 2011</b>	
Address: Street: <b>777 Cypress Avenue</b>		<b>STATE CLEARING HOUSE</b>	
City: <b>Redding</b>		Organizational Unit: <b>Benton Airpark</b>	
County: <b>Shasta</b>		Department: <b>Support Services</b>	
State: <b>CA</b> Zip Code: <b>96001-2718</b>		Division: <b>Airports</b>	
Country: <b>USA</b>		Name and telephone number of person to be contacted on matters involving this application (give area code)	
		Prefix: <b>Mr.</b> First Name: <b>Rod</b>	
		Middle Name: <b>A.</b>	
		Last Name: <b>Dinger</b>	
		Suffix:	
		Email: <b>rdinger@ci.redding.ca.us</b>	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 6 0 0 0 4 0 1		Phone number (give area code): <b>(530) 224-4321</b>	
		FAX number (give area code): <b>(530) 224-4318</b>	
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) <input checked="" type="checkbox"/> C Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER</b> TITLE: Airport Improvement Program (AIP) 2 0 - 1 0 6		<b>9. NAME OF FEDERAL AGENCY</b> <b>Federal Aviation Administration</b>	
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> <b>Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>1. Runway Safety Area Improvements (Phase III)</b>	
<b>13. PROPOSED PROJECT</b> Start Date: <b>10/01/11</b> Ending Date: <b>07/31/12</b>		<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant <b>#02</b> b. Project <b>#02</b>	
<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS</b>	
a. Federal	\$ <b>764,862</b> .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	\$ <b>21,134</b> .00	DATE: <b>09/22/11</b>	
c. State	\$ <b>19,122</b> .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ <b>0</b> .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ <b>0</b> .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program income	\$ <b>0</b> .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$ <b>805,118</b> .00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Authorized Representative			
Prefix <b>Mr.</b> First Name <b>Rod</b>		Middle Name <b>A.</b>	
Last Name <b>Dinger</b>		Suffix	
b. Title <b>Airports Manager</b>		c. Telephone number (give area code) <b>(530) 224-4321</b>	
d. Signature of Authorized Representative 		e. Date Signed <b>9/22/11</b>	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> September 26, 2011	<b>Applicant Identifier</b> CA Department of Food and Agriculture
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b> September 23, 2011	<b>State Application Identifier</b>
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b> 11-8523-0497-CA
<input type="checkbox"/> Non-Construction			

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
Legal Name: State of California		Department: Food and Agriculture	
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street: 1220 N Street, Room 325		Prefix: Ms.	
City: Sacramento		First Name: Courtney	
County: Sacramento		Middle Name	
State: CA		Last Name Albrecht	
Zip Code 95814-5603		Suffix:	
Country: USA		Email: courtney.albrecht@cdfa.ca.gov	

**RECEIVED**  
  
SEP 26 2011  
  
STATE CLEARING HOUSE

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 6 8 - 0 3 2 5 1 0 4	<b>Phone Number (give area code)</b> (916) 651-2847	<b>Fax Number (give area code)</b> (916) 654-0986
--	--	--

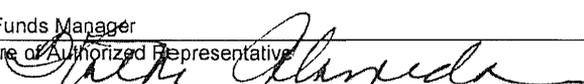
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A - State Other (specify)
Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> USDA/ APHIS/ PPG

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 0 - 0 2 5	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Red Imported Fire Ant Survey
TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California	

<b>13. PROPOSED PROJECT</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b>
Start Date: July 1, 2011	a. Applicant California
Ending Date: June 30, 2012	b. Project California

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 127,692 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 26, 2011
b. Applicant \$ . <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0. <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ . <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ . <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ . <sup>00</sup>	
g. TOTAL \$ 127,692 <sup>00</sup>	

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

<b>a. Authorized Representative</b>		
Prefix Ms.	First Name Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Federal Funds Manager		c. Telephone Number (give area code) (916) 651-9888
d. Signature of Authorized Representative 		e. Date Signed 9/26/11

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

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Redacted]

\* Other (Specify):

[Redacted]

RECEIVED

SEP 27 2011

STATE CLEARING HOUSE

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Redacted]

5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

G11AC20013

**State Use Only:**

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

**B. APPLICANT INFORMATION:**

\* a. Legal Name:

The Regents of the University of California, Berkeley

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

94-60002123

\* c. Organizational DUNS:

1247267250000

**d. Address:**

\* Street1:

Sponsored Projects Office

Street2:

2150 Shattuck Avenue, Suite 300

\* City:

Berkeley

County/Parish:

Alameda

\* State:

CA: California

Province:

[Redacted]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94720-5940

**e. Organizational Unit:**

Department Name:

Sponsored Projects Office

Division Name:

[Redacted]

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

Prefix:

[Redacted]

\* First Name:

Deborah

Middle Name:

[Redacted]

\* Last Name:

Rutkowski-Howard

Suffix:

[Redacted]

Title:

Research Administrator

Organizational Affiliation:

[Redacted]

\* Telephone Number:

510-643-5603

Fax Number:

540-642-8236

\* Email:

deborahr@berkeley.edu

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U. S. Geological Survey

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

15.808

CFDA Title:

U.S. Geological Survey\_ Research and Data Collection

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

G11AS20026

\* Title:

USGS Non-Competitive Assistance FY 2011 - Headquarters

**13. Competition Identification Number:**

G11AS20026

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

Advanced Remote Sensing to Quantify Temperature Potential Capacity for Below Ground Carbon Capture

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-009

b. Program/Project ALL

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

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 01/01/2012

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

18. Estimated Funding (\$):

Table with 2 columns: Category (a-f), Amount. Total: 52,290.00

\* 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 09/26/2011.
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

Attachment buttons: 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, Middle Name, Last Name: Gator, Suffix

\* Title: Associate Director

\* Telephone Number: 510-642-8109 Fax Number: 510-642-8236

\* Email: spo\_grants\_gov@lists.berkeley.edu

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

**Application for Federal Assistance SF-424**

Version 02

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

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

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



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

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0446309	*c. Organizational DUNS: 145079328
---	---------------------------------------

**d. Address:**

\*Street1: 2507-A Alma Street  
 Street 2:  
 \*City: Palo Alto  
 County: Santa Clara  
 \*State: CA  
 Province:  
 Country: US \*Zip/ Postal Code: 94301

**e. Organizational Unit:**

Department Name: Opportunity Center	Division Name: N/A
--	-----------------------

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

Prefix: Mr. First Name: Doug  
 Middle Name:  
 \*Last Name: Ford  
 Suffix:

Title: Administrative Consultant

Organizational Affiliation:  
 Providing consulting services to the agency

\*Telephone Number: 510-797-1050 Fax Number:

\*Email: douglasford@earthlink.net

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

HUD

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\*12. Funding Opportunity Number: FR-5500-N-34

\*Title:

Continuum of Care Homeless Assistance

13. Competition Identification Number: 043638

Title:

Opportunity Center of the Midpeninsula

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

Palo Alto, East Palo Alto, Menlo Park, Santa Clara County, San Mateo County, California

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

Opportunity Center of the Midpeninsula

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant 016

\*b. Program/Project: 016

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

014

17. Proposed Project: Opportunity Center of the Midpeninsula

\*a. Start Date: 2/1/12

\*b. End Date: 1/31/13

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

\*a. Federal \$43,100.00

\*b. Applicant

\*c. State

\*d. Local

\*e. Other \$12,167.00

\*f. Program Income

\*g. TOTAL \$55,267.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 9/28/11

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: John

Middle Name:

\*Last Name: Barton

Suffix:

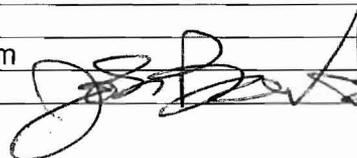
\*Title: Board President

\*Telephone Number: 650-325-9420

Fax Number: 650-325-9421

\*Email: jbarton@bartonarchitect.com

\*Signature of Authorized Representative:



Date Signed:

9/27/11

**APPLICATION FOR FEDERAL ASSISTANCE**

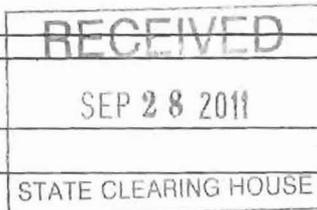
OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 9/28/2011	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: Ventura County Homeless and Housing Coalition (VCHHC)	<b>Organizational Unit:</b> Department:
Organizational DUNS: 14-767-0454	Division:
<b>Address:</b> Street: 1317 Del Norte Ave City: Camarillo County: Ventura	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mrs First Name: Cathy Middle Name:
State: CA Zip Code: 93010	Last Name: Brudnicki Suffix:
Country: USA	Email: cathy@vchhc.org



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 77-0399522	Phone Number (give area code) 805-485-6288 x273	Fax Number (give area code) 805-241-9292
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): HUD Continuum of Care Application FR-5500-N-32 14-235	<b>9. NAME OF FEDERAL AGENCY:</b> Department of housing & Community Development (HUD)	

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Ventura County CA	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> VCHHC sponsors the HUD CoC application and submits Exhibit 1 for CA 605. VCHHC receives no funding from HUD. VCHHC does not take any administrative funds from the application. Last year 12 projects were funded through this application.
---	---

<b>13. PROPOSED PROJECT</b> Start Date: varies with project Ending Date: varies with project	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 23, 24 b. Project 23, 24
--	--

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 1,100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 28, 2011
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	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ .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**

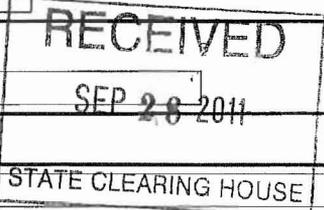
Prefix Mrs	First Name Cathy	Middle Name
Last Name Brudnicki	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) 805-485-6288 x 273	
d. Signature of Authorized Representative <i>Cathy Brudnicki</i>	e. Date Signed 9/28/11	

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> 09/27/2011	<b>4. Applicant Identifier:</b> _____
--	--

<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> CA0188B9T051003
--	---



<b>State Use Only:</b>	
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** STANDI For Families Free of Violence

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 9 4 2 4 7 6 5 7 6	<b>* c. Organizational DUNS:</b> 603066127
---	---

**d. Address:**

<b>* Street1:</b>	1410 Danzlg Plaza
<b>Street2:</b>	_____
<b>* City:</b>	Concord
<b>County:</b>	Contra Costa County
<b>* State:</b>	CA
<b>Province:</b>	_____
<b>* Country:</b>	United States of America
<b>* Zip / Postal Code:</b>	94520

**e. Organizational Unit:**

<b>Department Name:</b> _____	<b>Division Name:</b> _____
----------------------------------	--------------------------------

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

<b>Prefix:</b> Ms.	<b>* First Name:</b> Stacy
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Balrd	
<b>Suffix:</b> _____	

**Title:** Director of Intervention

**Organizational Affiliation:**  
\_\_\_\_\_

<b>* Telephone Number:</b> (925) 603-0139	<b>Fax Number:</b> (925) 676-0532
---	-----------------------------------

**\* Email:** stacyb@standffov.org

**Application for Federal Assistance SF-424****9. Type of Applicant 1: Select Applicant Type:**

M. Profit Organization

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

Department of Housing and Urban Development

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

1 4 2 3 5

**CFDA Title:**

Supportive Housing Program (SHP)

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

FR-5500-N-34

**\* Title:**

Continuum of Care Homeless Assistance Competition

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

California; Contra Costa County

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

Moving Out of Violent Environments (MOVE) RMC - TH

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant CA-010, CA-007

\* b. Program/Project CA-010, CA-007

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





## 17. Proposed Project:

\* a. Start Date: 10/01/2012

\* b. End Date: 09/30/2013

## 18. Estimated Funding (\$):

* a. Federal	75,571.00
* b. Applicant	19,467.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	95,038.00

## \* 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 09/27/2011 .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix: Ms. \* First Name: Gloria

Middle Name: J.

\* Last Name: Sandoval

Suffix:

\* Title: Chief Executive Officer

\* Telephone Number: (925) 603-0112 Fax Number: (925) 676-0274

\* Email: glorias@standffov.org

\* Signature of Authorized Representative: *Gloria J. Sandoval* \* Date Signed: 9-27-11

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 9-28-2011	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"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Housing Authority of the City of San Buenaventura	Organizational Unit: Department:
Organizational DUNS: 005561816	Division: Housing Choice Voucher Program
Address: Street: 895 Riverside Street	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Ventura	Prefix: First Name: Barbara
County: Ventura	Middle Name
State: California	Last Name Chavez
Zip Code 93001	Suffix:
Country: U.S.A.	Email: bchavez@hacityventura.org

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 SEP 28 2011  
 STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 95-2461075

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 Public/Indian Housing Authority  
 Other (specify)

**8. TYPE OF APPLICATION:**  
 New  Continuation  Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)  
 Other (specify)

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

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 □□-□□□

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Continuum of Care Homeless Assistance Competition

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 City of Ventura in the County of Ventura California

**13. PROPOSED PROJECT**  
 Start Date: 05/01/2012  
 Ending Date: 04/30/2013

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant CA-023  
 b. Project CA-023

**15. ESTIMATED FUNDING:**

a. Federal	\$	00
b. Applicant	\$	159,432
c. State	\$	00
d. Local	\$	00
e. Other	\$	00
f. Program Income	\$	00
g. TOTAL	\$	00

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

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

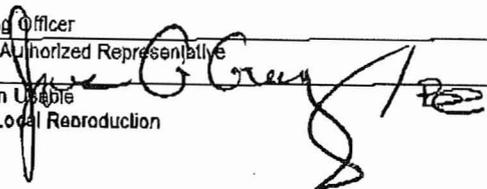
**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

**a. Authorized Representative**

Prefix	First Name Jose	Middle Name G.
Last Name Gomez	Suffix	
b. Title Chief Operating Officer	c. Telephone Number (give area code) 805-648-5008 Ext. 2222	
d. Signature of Authorized Representative	e. Date Signed 09-28-2011	

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Standard Form 424 (Rev. 9-2003)  
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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3075-0006

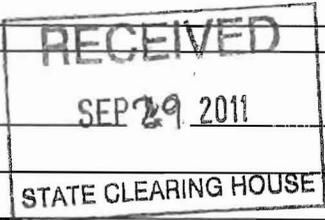
Version 7/03

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA0614B9D051003

1. TYPE OF SUBMISSION: Application	Pre-application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Ventura Human Services Agency	Organizational Unit: Department: Adult and Family Services Department
Organizational DUNS: 175041101	Division: Homeless Services Program
Address: Street: 855 Partridge Drive	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Ventura	Prefix: Ms.
County: USA	First Name: Marissa
State: CA	Middle Name: P.
Zip Code: 93003	Last Name: Mach
Country: Ventura County	Suffix: MPA
	Email: marissa.mach@ventura.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
95-6000944

Phone Number (give area code): 805-477-5325  
Fax Number (give area code): 805-477-5386

8. TYPE OF APPLICATION:  
 New  Continuation  Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)  
Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
14-235  
TITLE (Name of Program):  
Supportive Housing Program

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Homeless Outreach Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  
Ventura County except City of Oxnard

13. PROPOSED PROJECT  
Start Date: July 1, 2012  
Ending Date: June 30, 2013

14. CONGRESSIONAL DISTRICTS OF:  
a. Applicant: CA-023 and CA-024  
b. Project: CA-023 and CA-024

15. ESTIMATED FUNDING:	
a. Federal	\$ 49,085.00
b. Applicant	\$ 102,531.00
c. State	\$ 0.00
d. Local	\$ 0.00
e. Other	\$ 0.00
f. Program Income	\$ 0.00
g. TOTAL	\$ 151,616.00

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: 9-29-11  
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: Barry	Middle Name: L.
Last Name: Zimmerman	Suffix:	
b. Title: Director, Human Services Agency	c. Telephone Number (give area code): 805-477-5301	
d. Signature of Authorized Representative: <i>Barry Zimmerman</i>	e. Date Signed: 9-29-11	

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier CA0718B9D111003
<b>5. APPLICANT INFORMATION</b>			
Legal Name: County of Ventura Human Services Agency		<b>Organizational Unit:</b> Department: Adult and Family Services Department	
Organizational DUNS: 178041101		Division: Homeless Services Program	
Address: Street: 855 Partridge Drive		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Marissa	
City: Ventura		Middle Name P.	
County: USA		Last Name Mach	
State: CA	Zip Code 93003	Suffix: MPA	
Country: Ventura County		Email: marissa.mach@ventura.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-8000944		Phone Number (give area code) 805-477-5325	Fax Number (give area code) 805-477-5386
<b>8. TYPE OF APPLICATION:</b> <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"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) County Government Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Supportive Housing Program 14-235		<b>9. NAME OF FEDERAL AGENCY:</b> Department of Housing and Urban Development	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Oxnard		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Oxnard Homeless Outreach Project	
<b>13. PROPOSED PROJECT</b> Start Date: July 1, 2012		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-023 and CA-024	
Ending Date: June 30, 2013		b. Project CA-023	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 31,214 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9-29-11	
b. Applicant	\$ 87,726 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 <sup>00</sup>		
g. TOTAL	\$ 118,940 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Mr.	First Name Barry	Middle Name L.	
Last Name Zimmerman		Suffix	
b. Title Director, Human Services Agency		c. Telephone Number (give area code) 805-477-5301	
d. Signature of Authorized Representative 		e. Date Signed 9-28-11	

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**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076 J6

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	4. DATE RECEIVED BY FEDERAL AGENCY	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	Federal Identifier CA0616B9D051003	
<b>5. APPLICANT INFORMATION</b>			
Legal Name: County of Ventura Human Services Agency		Organizational Unit: Department: Adult and Family Services Department	
Organizational DUNS: 176041101		Division: RAIN Transitional Living Center	
Address: Street: 855 Partridge Drive		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Marissa	
City: Ventura			
County: USA		Middle Name P.	
State: CA Zip Code 93003		Last Name Mach	
Country: Ventura County		Suffix: MPA	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Email: marissa.mach@ventura.org	
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.)		Phone Number (give area code) 805-477-5325	
Other (specify)		Fax Number (give area code) 805-477-5386	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-235		7. TYPE OF APPLICANT: (See back of form for Application Types) County Government Other (specify)	
TITLE (Name of Program): Supportive Housing Program		9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County except City of Oxnard		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RAIN Project Transitional Living Center-County	
13. PROPOSED PROJECT Start Date: May 1, 2012 Ending Date: April 30, 2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-023 and CA-024 b. Project CA-023 and CA-024	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 217,276 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9-29-11	
b. Applicant	\$ 57,597 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 <sup>00</sup>		
g. TOTAL	\$ 274,873 <sup>00</sup>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Barry	Middle Name L.	
Last Name Zimmerman		Suffix	
b. Title Director, Human Services Agency		c. Telephone Number (give area code) 805-477-5301	
d. Signature of Authorized Representative 		e. Date Signed 9-28-11	

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**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 307 36

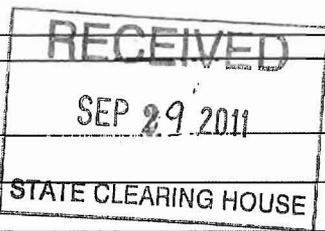
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<b>2. DATE SUBMITTED</b>	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier CA0719B9D111003

<b>1. TYPE OF SUBMISSION:</b> Application	Pre-application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction

**5. APPLICANT INFORMATION**

Legal Name: County of Ventura Human Services Agency	<b>Organizational Unit:</b> Department: Adult and Family Services Department
Organizational DUNS: 176041101	Division: RAIN Transitional Living Center
Address: Street: 855 Partridge Drive	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>
	Prefix: Ms.      First Name: Marissa
City: Ventura	Middle Name P.
County: USA	Last Name Mach
State: CA	Suffix: MPA
Zip Code 93003	Email: marissa.mach@ventura.org



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000944	Phone Number (give area code) 805-477-5325	Fax Number (give area code) 805-477-5386
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<b>8. TYPE OF APPLICATION:</b> <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"/> <input type="checkbox"/>
---

<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) County Government Other (specify)
---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-235 TITLE (Name of Program): Supportive Housing Program
---

<b>9. NAME OF FEDERAL AGENCY:</b> Department of Housing and Urban Development
--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Oxnard
--

<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> RAIN Project Transitional Living Center-Oxnard
--

<b>13. PROPOSED PROJECT</b> Start Date: January 2, 2012      Ending Date: January 1, 2013
--

<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-023 and CA-024      b. Project CA-023
---

<b>15. ESTIMATED FUNDING:</b>	
a. Federal	\$ 163,795 <sup>00</sup>
b. Applicant	\$ 190,508 <sup>00</sup>
c. State	\$ 0 <sup>00</sup>
d. Local	\$ 0 <sup>00</sup>
e. Other	\$ 0 <sup>00</sup>
f. Program Income	\$ 0 <sup>00</sup>
g. TOTAL	\$ 354,303 <sup>00</sup>

<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9-29-11 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.**

<b>a. Authorized Representative</b>	
Prefix Mr.	First Name Barry
Last Name Zimmerman	
Middle Name L.	
Suffix	
<b>b. Title</b> Director, Human Services Agency	
<b>c. Telephone Number (give area code)</b> 805-477-5301	
<b>d. Signature of Authorized Representative</b> <i>Barry Zimmerman</i>	
<b>e. Date Signed</b> 9-28-11	

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

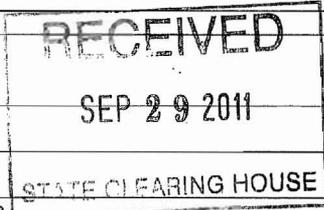
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 9-26-2011	Applicant Identifier
			<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Borrego Water District	<b>Organizational Unit:</b> Department:
Organizational DUNS: 008312407	Division:
<b>Address:</b> Street: P. O. Box 1870	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: David
City: Borrego Springs	
County: San Diego	Middle Name Benjamin
State: CA	Zip Code 92004
Country: USA	Email: david.dale@dceinc.org



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
33-0713922

Phone Number (give area code) 760/545-0162	Fax Number (give area code) 760/545-0163
---	---

**8. TYPE OF APPLICATION:**  
 New  Continuation  Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)  
Other (specify)

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
G - Water District  
Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
USDA Rural Development

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
10-760

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Installation of new pipeline at Borrego Springs Road

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

**13. PROPOSED PROJECT**  
Start Date: July, 2012 Ending Date: December, 2012

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant: Duncan Hunter b. Project: Borrego Springs Road Pipeline

**15. ESTIMATED FUNDING:**

a. Federal	\$	1,380,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	1,380,000.00

**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: 9-26-2011  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

**a. Authorized Representative**

Prefix Mr.	First Name David	Middle Name Benjamin
Last Name Dale	Suffix	
b. Title Civil Engineer		c. Telephone Number (give area code) 760/545-0162
d. Signature of Authorized Representative		e. Date Signed 9/26/11

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 09/29/2011	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
	<input checked="" type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: Many Mansions, a California nonprofit corporation	Organizational Unit: Department:
Organizational DUNS: 188672236	Division:
Address: Street: 1459 E. Thousand Oaks Blvd., Ste. D	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Rick
City: Thousand Oaks	Middle Name A.
County: Ventura	Last Name Schroeder
State: CA Zip Code 91362	Suffix: Esq.
Country: USA	Email: rick@manymansions.org

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**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
95-3424618

Phone Number (give area code) (805) 496-4948	Fax Number (give area code) (805) 497-1305
---	---

**8. TYPE OF APPLICATION:**  
 New  Continuation  Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)  
Other (specify)

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 Not for Profit Organization  
Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
HUD

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
14-235

TITLE (Name of Program):  
Supportive Housing Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Stoll House 2011

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

**13. PROPOSED PROJECT**  
Start Date: 03/01/2011 Ending Date: 02/28/2012

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant CA23, CA24 b. Project CA24

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> 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 checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 59,911.00	
b. Applicant	\$ .00	
c. State	\$ .00	
d. Local	\$ .00	
e. Other	\$ .00	
f. Program Income	\$ .00	
g. TOTAL	\$ 59,911.00	

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

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

**a. Authorized Representative**

Prefix Mr.	First Name Rick	Middle Name A.
Last Name Schroeder	Suffix Esq.	
b. Title President		c. Telephone Number (give area code) (805) 496-4948 ext. 227
d. Signature of Authorized Representative		e. Date Signed 9/29/2011

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application	<b>2. DATE SUBMITTED</b> 09/29/2011	Applicant Identifier
	<input checked="" type="checkbox"/> Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
	<input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Many Mansions, a California nonprofit corporation	<b>Organizational Unit:</b> Department:
Organizational DUNS: 168672236	Division:
<b>Address:</b> Street: 1459 E. Thousand Oaks Blvd., Ste. D	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Rick Middle Name: A. Last Name: Schroeder
City: Thousand Oaks	Suffix: Esq.
County: Ventura	Email: rick@manymansions.org
State: CA Zip Code: 91362	
Country: USA	

RECEIVED  
 SEP 29 2011  
 STATE CLEARING HOUSE

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

9 5 - 3 4 2 4 5 1 6

Phone Number (give area code) (805) 496-4948	Fax Number (give area code) (805) 497-1305
---	---

**8. TYPE OF APPLICATION:**

New  Continuation  Revision

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

Other (specify)

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

O. Not for Profit Organization  
 Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
HUD

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

1 4 - 2 3 5

TITLE (Name of Program):  
Supportive Housing Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Richmond Terrace 2011

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

**13. PROPOSED PROJECT**

Start Date: 07/01/2011	Ending Date: 06/30/2012
---------------------------	----------------------------

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant CA23, CA24	b. Project CA24
----------------------------	--------------------

**15. ESTIMATED FUNDING:**

a. Federal	\$	61,600 <sup>00</sup>
b. Applicant	\$	<sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	61,600 <sup>00</sup>

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

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

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

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

Yes If "Yes" attach an explanation.  No

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

**a. Authorized Representative**

Prefix Mr.	First Name Rick	Middle Name A.
Last Name Schroeder	Suffix Esq.	
b. Title President	c. Telephone Number (give area code) (805) 496-4948 ext. 227	
d. Signature of Authorized Representative	e. Date Signed 9/29/2011	

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 09/29/2011	<b>Applicant Identifier</b>
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>
	<input type="checkbox"/> Non-Construction		

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
Legal Name: Many Mansions, a California nonprofit corporation		Department:	
Organizational DUNS: 168872236		Division:	
Address: Street: 1459 E. Thousand Oaks Blvd., Ste. D		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Thousand Oaks		Prefix: Mr.	First Name: Rick
County: Ventura		Middle Name A.	RECEIVED SEP 29 2011
State: CA	Zip Code 91362	Last Name Schroeder	
Country: USA		Suffix: Esq.	STATE CLEARING HOUSE
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 3 4 2 4 5 1 6		Email: rick@manymansions.org	STATE CLEARING HOUSE
7. TYPE OF APPLICANT: <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.)		Phone Number (give area code) (805) 496-4948	Fax Number (give area code) (805) 497-1305
8. TYPE OF APPLICATION: Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 3 5		9. NAME OF FEDERAL AGENCY: HUD	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Esseff Village 2011	
13. PROPOSED PROJECT Start Date: 03/01/2011 Ending Date: 02/28/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA23, CA24 b. Project CA24	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 39,998 <sup>00</sup>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ <sup>00</sup>	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 39,998 <sup>00</sup>		

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

a. Authorized Representative

Prefix Mr.	First Name Rick	Middle Name A.
Last Name Schroeder		Suffix Esq.
b. Title President	c. Telephone Number (give area code) (805) 496-4948 ext. 227	
d. Signature of Authorized Representative		e. Date Signed 9/29/2011

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SEP 29 2011  
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SEP 29 2011  
STATE CLEARING HOUSE

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0001

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 09/29/2011	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Many Mansions, a California nonprofit corporation	<b>Organizational Unit:</b> Department:
Organizational DUNS: 168872236	Division:
<b>Address:</b> Street: 1459 E. Thousand Oaks Blvd., Ste. D City: Thousand Oaks County: Ventura State: CA Zip Code 91362 Country: USA	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Rick Middle Name: A. Last Name: Schroeder Suffix: Esq. Email: rick@manymansions.org Phone Number (give area code): (805) 496-4948 Fax Number (give area code): (805) 497-1305

**RECEIVED**  
 SEP 29 2011  
 STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 95-3424516

**8. TYPE OF APPLICATION:**  
 New  Continuation  Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)  
 Other (specify) \_\_\_\_\_

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 Not for Profit Organization  
 Other (specify) \_\_\_\_\_

**9. NAME OF FEDERAL AGENCY:**  
 HUD

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 14-235

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Casa de Paz 2011

**TITLE (Name of Program):**  
 Supportive Housing Program

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

**13. PROPOSED PROJECT**  
 Start Date: 04/01/2011 Ending Date: 03/31/2012

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant CA23, CA24 b. Project CA24

<b>15. ESTIMATED FUNDING:</b> a. Federal \$ 60,952. <sup>00</sup> b. Applicant \$ . <sup>00</sup> c. State \$ . <sup>00</sup> d. Local \$ . <sup>00</sup> e. Other \$ . <sup>00</sup> f. Program Income \$ . <sup>00</sup> g. TOTAL \$ 60,952. <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> 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 checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

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

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

**a. Authorized Representative**

Prefix Mr.	First Name Rick	Middle Name A.
Last Name Schroeder	Suffix Esq.	
b. Title President	c. Telephone Number (give area code) (805) 496-4948 ext. 227	
d. Signature of Authorized Representative	e. Date Signed 9/29/2011	

Application for Federal Assistance SF-424	
<p><b>* 9. Type of Applicant 1: Select Applicant Type:</b></p> <p>M: Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education)</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>* Other (specify):</p>	
<p><b>* 10. Name of Federal Agency:</b></p> <p>Department of Commerce</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b></p> <p>11.439</p> <p>CFDA Title:</p> <p>Marine Mammal Data Program</p>	
<p><b>* 12. Funding Opportunity Number:</b></p> <p>NOAA NMFS PRPO 2012 2002962</p> <p>* Title:</p> <p>John H. Prescott Marine Mammal Rescue Assistance Grant Program (Prescott Grant Program) for Fiscal Year 2012</p>	
<p><b>13. Competition Identification Number:</b></p> <p>2228670</p> <p>Title:</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b></p> <p>CAS_2011_Area_Affected_by_Project.pdf <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></p>	
<p><b>* 15. Descriptive Title of Applicant's Project:</b></p> <p>Improving staff and volunteer qualifications in order to enhance response and data collection from dead stranded marine mammals in northern California</p>	
<p>Attach supporting documents as specified in agency instructions.</p> <p><input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/></p>	



**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="100,000.00"/>
* b. Applicant	<input type="text" value="48,040.00"/>
* 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="148,040.00"/>

**\* 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)**

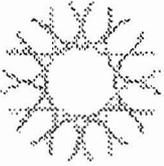
 \*\* I AGREE

\*\* 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:



CALIFORNIA  
ACADEMY OF  
SCIENCES

State Clearinghouse  
The Governor's Office of Planning and Research  
P.O. Box 3044  
Sacramento, California 95812-3044  
Phone: 916-445-0613  
Fax: 916-323-3018



30 September 2011

Dear State Clearinghouse-

Included in this fax please find the cover form (Standard Form 424) from our application to the National Marine Fisheries Service John H. Prescott Marine Mammal Rescue Assistance Grant Program. We are furnishing you the cover form according to SPOC regulations. The title of our proposed project is "Improving staff and volunteer qualifications in order to enhance response and data collection from dead stranded marine mammals in northern California".

Please feel free to contact me should you have any questions or concerns.

Sincerely,

Maureen Flannery  
Collections Manager  
Ornithology and Mammalogy Department  
California Academy of Sciences  
Phone: 415-379-5371  
Fax: 415-379-5738  
Email: [mflannery@calacademy.org](mailto:mflannery@calacademy.org)

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input 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: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: California Academy of Sciences		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156258	* c. Organizational DUNS: 0776324560000	
d. Address:		
* Street1: 55 Music Concourse Drive	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>SEP 30 2011</p> <p>STATE CLEARING HOUSE</p> </div>	
Street2: <input type="text"/>		
* City: San Francisco		
County/Parish: <input type="text"/>		
* State: CA: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 94118-4503		
e. Organizational Unit:		
Department Name: Ornithology and Mammalogy	Division Name: Research	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: Maureen	
Middle Name: E.		
* Last Name: Plannery		
Suffix: <input type="text"/>		
Title: Collections Manager		
Organizational Affiliation: California Academy of Sciences		
* Telephone Number: 415-379-5171	Fax Number: 415-379-5738	
* Email: mplannery@calacademy.org		

**Application for Federal Assistance SF-424****\* 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501(c)(3) 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:**

11.439

**CFDA Title:**

Marine Mammal Data Program

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

NOAA NMFS ERPO 2012 2002962

**\* Title:**

John H. Proscott Marine Mammal Rescue Assistance Grant Program (Proscott Grant Program) for Fiscal Year 2012

**13. Competition Identification Number:**

2228670

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

CAS\_2011\_Area\_Affected\_by\_Project.pdf

Add Attachment

Delete Attachment

View Attachment

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

Improving staff and volunteer qualifications in order to enhance response and data collection from sea stranded marine mammals in northern California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
<b>16. Congressional Districts Of:</b>	
* a. Applicant: CA 008	b. Program/Project: CA 008
Attach an additional list of Program/Project Congressional Districts if needed.	
CAS_2011_Accitional_Congressional_District	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date: 10/01/2012	* b. End Date: 09/30/2014
<b>18. Estimated Funding (\$):</b>	
* a. Federal	100,000.00
* b. Applicant	48,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	148,000.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 09/30/2011.	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>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)</b>	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix:	* First Name: Alison
Middle Name: R	
* Last Name: Brown	
Suffix:	
* Title: Chief of Staff / Chief Financial Officer	
* Telephone Number: 415 379 5148	Fax Number: 415 379 5127
* Email: abrown@calacademy.org	
* Signature of Authorized Representative: Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

# 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):  * Other (Specify)
--	--	--

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

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



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

<b>8. APPLICANT INFORMATION:</b>	
* a. Legal Name: The Regents of the University of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946036494	*c. Organizational DUNS: 047120084

<b>d. Address:</b>	
*Street1: 1850 Research Park Drive Street 2: Suite 300 *City: Davis County: *State: CA Province: Country:	
*Zip/ Postal Code: 95618-6153	

<b>e. Organizational Unit:</b>	
Department Name: OVCR	Division Name: Sponsored Programs

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: Middle Name: *Last Name: Glass Suffix:	First Name: Patricia
Title:	

Organizational Affiliation:
-----------------------------

*Telephone Number: 1 530 752 5334	Fax Number:
*Email: pglass@ucdavis.edu	

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

USDA Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

\*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:

Research on Post Harvest Regulatory Control Treatment for European Grapevine Moth

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-001

\*b. Program/Project: CA-001

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

17. Proposed Project:

\*a. Start Date: 08/30/11

\*b. End Date: 08/29/12

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

\*a. Federal \$21,088.00

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$21,088.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 9/30/11

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: Kendra

Middle Name:

\*Last Name: Rose

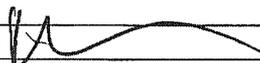
Suffix:

\*Title: Contracts and Grants Analyst

\*Telephone Number: 530-754-7999

Fax Number:

\*Email: ktrose@ucdavis.edu

\*Signature of Authorized Representative: 

Date Signed: 9/30/11

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

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