

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16 - 30, 2012**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424	
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
*2. Type of Application * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision	
*3. Date Received: _____ 4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____ *5b. Federal Award Identifier: STATE CLEARING HOUSE	
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____
8. APPLICANT INFORMATION:	
*a. Legal Name: City of Oceanside	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1688570	*c. Organizational DUNS: 073370678
d. Address:	
*Street 1: <u>City of Oceanside</u>	
Street 2: <u>300 North Coast Highway</u>	
*City: <u>Oceanside</u>	
County: <u>San Diego</u>	
*State: <u>California</u>	
Province: _____	
*Country: <u>US</u>	
*Zip / Postal Code <u>92054</u>	
e. Organizational Unit:	
Department Name: Office of the City Manager	Division Name:
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <u>Mr.</u>	*First Name: <u>Peter</u>
Middle Name: _____	
*Last Name: <u>Weiss</u>	
Suffix: _____	
Title: <u>City Manager</u>	
Organizational Affiliation: City of Oceanside	
*Telephone Number: (760) 435-3065	Fax Number: (760) 435-3078
*Email: <u>pweiss@ci.oceanside.ca.us</u>	

RECEIVED
SEP 17 2012
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106 _____

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

N/A _____

Title:

13. Competition Identification Number:

N/A _____

Title:

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

Oceanside Municipal Airport, City of Oceanside, County of San Diego, California, US. A map showing the location of the airport is attached.

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

This project will include the: 1) Rehabilitation of the existing southeast aircraft parking apron, including associated underground utility lines; and 2) Upgrade of terminal building restrooms to meet ADA requirements.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-048

*b. Program/Project: CA-048

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

17. Proposed Project:

*a. Start Date: October 2012

*b. End Date: January 2013

18. Estimated Funding (\$):

*a. Federal	_____	\$143,730
*b. Applicant	_____	\$11,977
*c. State	_____	\$3,993
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$159,700

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 9/11/2012.
- 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: Peter

Middle Name: _____

*Last Name: Weiss

Suffix: _____

*Title: City Manager

*Telephone Number: (760) 435-3065

Fax Number: (760) 435-3078

* Email: pweiss@ci.oceanside.ca.us

*Signature of Authorized Representative: Peter Weiss

*Date Signed: 9-11-12

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received:	4. Application Identifier:
n/a	n/a

Sa. Federal Entity Identifier:	*5b. Federal Award Identifier:
n/a	n/a

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Peoples' Self Help Housing Corporation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2750154	*c. Organizational DUNS: 09-641-4412

d. Address:		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>SEP 17 2012</p> <p>STATE CLEARING HOUSE</p> </div>
*Street1: 3533 Empleo St.		
Street 2:		
*City: San Luis Obispo		
County: San Luis Obispo		
*State: CA		
Province:		
Country: USA		*Zip/ Postal Code: 93401

e. Organizational Unit:	
Department Name:	Division Name:
n/a	n/a

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	First Name: John
Middle Name: W.	
*Last Name: Kukulka	
Suffix:	
Title: Director of Rental Development	

Organizational Affiliation:
Peoples' Self-Help Housing Corporation

*Telephone Number: 805-540-2475	Fax Number: 805-544-1901
*Email: johnk@pshhc.org	

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:

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Farm Labor Housing Loans & Grants

*12. Funding Opportunity Number: 514/516

*Title: Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing

13. Competition Identification Number:

Title:

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

Santa Maria, Santa Barbara County, CA

*15. Descriptive Title of Applicant's Project:

LOS ADOBES DE MARIA III

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: **Santa Barbara, CA**

*a. Applicant **24th**

*b. Program/Project: **24th**

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

17. Proposed Project:

*a. Start Date: **September 2013**

*b. End Date: **January 2015**

18. Estimated Funding (\$):

*a. Federal **\$12,182,251.00**

*b. Applicant

*c. State

*d. Local

*e. Other **\$2,456,113.00**

*f. Program Income

*g. TOTAL **\$14,638,364.00**

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on **07-002-2010**
- 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: **Joanette MARET**

Middle Name:

*Last Name: ~~DUNCAN~~ **SHANNON**

Suffix:

*Title: ~~Executive Director~~ **ASSISTANT TREASURER**

*Telephone Number: **805-781-3088**

Fax Number: **805-544-1901**

*Email: **johnk@pshhc.org**

*Signature of Authorized Representative: *Mauna Shannon* Date Signed: **9/14/2012**



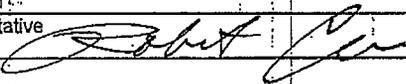


APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 11-8130-1422-CA		
5. APPLICANT INFORMATION				
Legal Name: The Regents of the University of California		Organizational Unit: Department: College of Natural and Agricultural Sciences		
Organizational DUNS: 62-779-7426		Division: Entomology		
Address: Street: 200 University Office Building		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Robert		
City: Riverside		Middle Name		
County: Riverside		Last Name Chan		
State: California		Suffix:		
Zip Code 92521-0217		Email: robert.chan@ucr.edu		
Country: USA		Phone Number (give area code) (951) 827-5535		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006142		Fax Number (give area code) (951) 827-4483		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) State Controlled Institution of Higher Learning Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-025		9. NAME OF FEDERAL AGENCY: USDA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development of Chemical Attractants and Improved Trap Design to Facilitate Detection of Exotic Cerambycidae		
13. PROPOSED PROJECT Start Date: 09/01/2012 Ending Date: 08/31/2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-044 b. Project CA-044		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 136,353 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/18/2012		
b. Applicant	\$ 58,631 ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ ⁰⁰			
g. TOTAL	\$ 194,984 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Robert		Middle Name
Last Name Chan		Suffix		
b. Title Senior Contract and Grant Officer		c. Telephone Number (give area code) (951) 827-5535		
d. Signature of Authorized Representative		e. Date Signed 8/28/2012		

RECEIVED
 SEP 18 2012
 STATE CLEARING HOUSE





OMB Number: 4040-0004
Expiration Date: 04/31/2012**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		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: 12-8130-1512-CA.	
State Use Only:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 18 2012 STATE CLEARING HOUSE </div>	
6. Date Received by State:			
8. APPLICANT INFORMATION:			
* a. Legal Name: REGENTS OF THE UNIVERSITY OF CALIFORNIA			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494		*c. Organizational DUNS: 047120084	
*d. Address:			
*Street 1: 1850 RESEARCH PARK DRIVE, SUITE #300			
Street 2:			
*City: DAVIS			
County: USA			
*State: CA			
Province:			
Country: UNITED STATES		*Zip/ Postal Code: 95618-6153	
*e. Organizational Unit:			
Department Name:		Division Name:	
*f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		First Name: Mary Ellen	
Middle Name:			
*Last Name: Kirkchaney			
Suffix:			
Title: Contracts & Grants Analyst			
Organizational Affiliation:			
The Regents of the University of California			
Sponsored Programs			
1850 Research Park Drive, Suite 300			
Davis, CA 95618-6153			
*Telephone Number: 530-754-7700		Fax Number: 530-754-6229	
*Email: awards@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 APHIS

11. Catalog of Federal Domestic Assistance Number: **10.025**

CFDA Title: **Plant and Animal Disease, Pest Control, and Animal Care**

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

Episodic Abiotic Stress and Ramorum Blight in Nursery Ornamentals FY2012

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-003

*a. Applicant

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 09/01/2012

*b. End Date: 08/31/2013

18. Estimated Funding (\$):

*a. Federal \$25,706.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$25,706.00

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 9/18/2012
- 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: Mary Ellen

Middle Name:

*Last Name: Kirkchaney

Suffix:

*Title: Contracts & Grants Analyst

*Telephone Number: 530-754-8091

Fax Number: 530-754-8229

*Email: mekirkchaney@ucdavis.edu

*Signature of Authorized Representative: *Mary Ellen Kirkchaney* Date Signed: 9/18/2012

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: City of Capitola	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">SEP 19 2012</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department: Police	
Organizational DUNS: 121387393		Division:	
Address: Street: 422 Capitola Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Capitola		Prefix: Mrs.	First Name: Denice
County: Santa Cruz		Middle Name Elleen	Last Name Pearson
State: CA	Zip Code 95010	Suffix:	
Country: USA	Email: dpearson@ci.capitola.ca.us		

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="-"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="4"/>	Phone Number (give area code) 831-475-4242	Fax Number (give area code) 831-479-8881
---	---	---

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.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="-"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="6"/> TITLE (Name of Program): Community Facility Grant	9. NAME OF FEDERAL AGENCY: USDA
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Capitola, California	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Radio System

13. PROPOSED PROJECT Start Date: 11/01/2012 Ending Date: 11/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th b. Project 17th
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 30,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/19/2012
b. Applicant \$ 3,258 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 5,842 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ ⁰⁰	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ ⁰⁰	
g. TOTAL \$ 39,100 ⁰⁰	

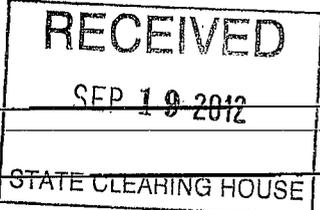
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Mr.	First Name Jamie	Middle Name
Last Name Goldstein	Suffix	
b. Title City Manager	c. Telephone Number (give area code) 831-475-7300	
d. Signature of Authorized Representative	e. Date Signed 9/19/12	

(

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Application for Federal Assistance SF-424		Version 02
*1. Type of Submission <input type="checkbox"/> Precapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *If Revision, select appropriate letter(s): * Other (Specify)
*3. Date Received: _____		4. Application Identifier: _____
5a. Federal Entity Identifier: _____		*5b. Federal Award Identifier: STATE CLEANING HOUSE Cooperative Agreement No. 12-8130-0191-C
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
* a. Legal Name: The Regents of the University of California on behalf of its Davis Campus		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 871283511		*c. Organizational DUNS: 047120084
d. Address:		
*Street1: 1850 Research Park Drive, Suite 300 Street 2: *City: Davis County: Yolo *State: CA Province: Country: USA		
*Zip/ Postal Code: 95618		
e. Organizational Unit:		
Department Name: Plant Pathology Department		Division Name: Office of Research/Sponsored Programs
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr. Middle Name:		First Name: Takao
*Last Name: Kasuga Suffix: PhD		
Title: Research Molecular Microbiologist		
Organizational Affiliation:		
*Telephone Number: (530)752-0766		Fax Number: (530)754-5849
*Email: tkasuga@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, APHIS, PPQ

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

Assessment of Nursery Crops - Induced Alteration in Pathogenicity of Phytophthora ramorum**Attach supporting documents as specified in agency instructions.**



Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant **CA-003**

*b. Program/Project: **CA-all**

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

17. Proposed Project:

*a. Start Date: **09/28/2012**

*b. End Date: **09/27/2013**

18. Estimated Funding (\$):

*a. Federal **\$30,590.00**

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL **\$30,590.00**

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 **09/19/2012**
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

*Title:

*Telephone Number:

Fax Number:

*Email:

*Signature of Authorized Representative:

Date Signed:



Application for Federal Assistance 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 type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): * Other (Specify)
---	---	---

*3. Date Received:	4. Application Identifier:	RECEIVED SEP 19 2012 STATE CLEARING HOUSE
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

*** a. Legal Name:** The Regents of the University of California, Davis

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

d. Address:

*Street1: Office of Research, Sponsored Programs
Street 2: 1850 Research Park Dr., Suite 300
*City: Davis
County: Yolo
*State: California
Province:
Country: USA *Zip/ Postal Code: 95618

e. Organizational Unit:

Department Name: Contained Research Facility	Division Name: College of Agricultural and Environmental Sciences
--	---

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

Prefix: Dr. First Name: Kris
Middle Name: Elvin
*Last Name: Godfrey
Suffix:
Title: Associate Project Scientist
Organizational Affiliation:

*Telephone Number: 530-754-2104	Fax Number: 530-754-8179
*Email: kegodfrey@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 & Plant Health Inspection Service, Plant Protection and Quarantine

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Department of Agriculture: Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Napa County, Sonoma County, Fresno county, San Joaquin County, Solano County, Placer County, and other grape growing regions of California

*15. Descriptive Title of Applicant's Project:

Research on Post-Harvest and Regulatory Control Treatments 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 **Third Congressional District** *b. Program/Project: **Dist: 2,5-7, 9-16, 18-24, 36, and 49-51**

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

17. Proposed Project: **Continuation of a Cooperative Agreement (12-8130-0082-CA)**

*a. Start Date: **August 30, 2012** *b. End Date: **August 29, 2013**

18. Estimated Funding (\$):

*a. Federal	\$33,427.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$33,427.00

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: *First Name:

Middle Name:

*Last Name:

Suffix:

*Title:

*Telephone Number:

Fax Number:

*Email:

*Signature of Authorized Representative:

Date Signed:



11

Application for Federal Assistance SF-424 Version 02

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

RECEIVED

SEP 20 2012

STATE CLEARING HOUSE

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

<p>5a. Federal Entity Identifier: 5802</p>	<p>*5b. Federal Award Identifier: Sec 5309</p>
---	---

State Use Only:

<p>6. Date Received by State:</p>	<p>7. State Application Identifier:</p>
--	--

8. APPLICANT INFORMATION:

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

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

d. Address:

***Street1:** One Gateway Plaze, 12th Floor
Street 2:
***City:** Los Angeles
County:
***State:** CA
Province:
Country: USA ***Zip/ Postal Code:** 90012

e. Organizational Unit:

<p>Department Name: Grants Administration</p>	<p>Division Name: Finance</p>
--	--

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

<p>Prefix:</p> <p>Middle Name: Daugherty</p> <p>*Last Name:</p> <p>Suffix:</p>	<p>First Name: Yolanda</p>
--	-----------------------------------

Title: Manager, Capital Budgets & Grants Administration

Organizational Affiliation:

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

***Email:** daugherty@scrra.net



Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 3: Select Applicant Type:
- Select One -

*Other (specify):

*10. Name of Federal Agency:
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:
20-507

CFDA Title:
Federal Transit Formula Grants

*12. Funding Opportunity Number: **49 USC Sec 5309**

*Title:
Fixed Guideway Modernization Funds

13. Competition Identification Number:

Title:

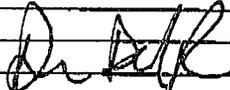
14. Areas Affected by Project (Cities, Counties, States, etc.):
Los Angeles County, Orange County, Riverside County, San Bernardino County, and Ventura County in the state of California.

*15. Descriptive Title of Applicant's Project:
Annual rehabilitation of the Metrolink commuter rail system.

Attach supporting documents as specified in agency instructions.

(

)

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of: 22, 23,24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42		
*a. Applicant	*b. Program/Project:	
Southern Calif Regional Rail Authority	Annual Metrolink system rehabilitation	
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project: Annual Metrolink system rehabilitation		
*a. Start Date: 1-2-2013	*b. End Date: 1-30-2016	
18. Estimated Funding (\$):		
*a. Federal	\$13,417,432.00	
*b. Applicant		
*c. State		
*d. Local	\$2,683,486.00	
*e. Other		
*f. Program Income		
*g. TOTAL	\$16,100,918.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> **I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: Mr.	*First Name: Donald	
Middle Name:		
*Last Name: Del Rio		
Suffix:		
*Title:	Interim CEO and General Counsel	
*Telephone Number:	(213) 452-0331	Fax Number: (213) 452-0422
*Email:	delriod@scrra.net	
*Signature of Authorized Representative:		Date Signed: 9/19/12

Application for Federal Assistance SF-424

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

RECEIVED
 SEP 20 2012
 STATE CLEARING HOUSE

*3. Date Received:	4. Application Identifier: Southern California Regional Rail Authority
--------------------	---

5a. Federal Entry Identifier: 5802	*5b. Federal Award Identifier: Sec 5307
---------------------------------------	--

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

* a. Legal Name: Southern California Regional Rail Authority

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

d. Address:

*Street1: One Gateway Plaze, 12th Floor
 Street 2:
 *City: Los Angeles
 County:
 *State: CA
 Province:
 Country: USA

*Zip/ Postal Code: 90012

e. Organizational Unit:

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

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

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

Title: Manager, Capital Budgets & Grants Administration

Organizational Affiliation:

*Telephone Number: (213) 452-0233	Fax Number:
*Email: daughertyv@scrra.net	

Application for Federal Assistance SF-424

Version 02

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

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

Type of Applicant 3: Select Applicant Type:
- Select One -

*Other (specify):

*10. Name of Federal Agency:
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:
20-507
CFDA Title:
Federal Transit Formula Grants

*12. Funding Opportunity Number: **49 USC Sec 5307**

*Title:
Urbanized Area Formula Funds

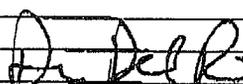
13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Los Angeles County, Ventura County, San Bernardino County in the state of California.

*15. Descriptive Title of Applicant's Project:
Annual rehabilitation of the Metrolink commuter rail system.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of: 22, 23,24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42		
*a. Applicant	*b. Program/Project:	
Southern Calif Regional Rail Authority	Annual Metrolink system rehabilitation	
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project: Annual Metrolink system rehabilitation		
*a. Start Date: 1-2-2013	*b. End Date: 3-31-2014	
18. Estimated Funding (\$):		
*a. Federal	\$2,667,000.00	
*b. Applicant		
*c. State		
*d. Local	\$533,400.00	
*e. Other		
*f. Program Income		
*g. TOTAL	\$3,200,400.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> **I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: Mr.	*First Name: Donald	
Middle Name:		
*Last Name: Del Rio		
Suffix:		
*Title:	Interim CEO and General Counsel	
*Telephone Number: (213) 452-0331	Fax Number: (213) 452-0422	
*Email: delriod@scrra.net		
*Signature of Authorized Representative:		Date Signed: 9/19/12

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: _____
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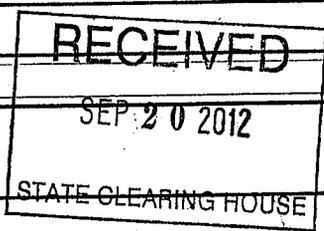
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
---	--

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: <u>Calistoga Affordable Housing</u>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>6 8 0 4 7 2 5 5 6</u>	* c. Organizational DUNS: <u>086934044</u>



d. Address:

* Street1:	<u>1332 Lincoln Street</u>
Street2:	_____
* City:	<u>Calistoga</u>
County:	<u>Napa</u>
* State:	<u>California</u>
Province:	_____
* Country:	<u>United States</u>
* Zip / Postal Code:	<u>94515</u>

e. Organizational Unit:

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

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

Prefix: <u>Ms.</u>	* First Name: <u>Erica</u>
Middle Name: _____	
* Last Name: <u>Sklar</u>	
Suffix: _____	

Title: <u>Executive Director</u>	
Organizational Affiliation: <u>California Affordable Housing</u>	
* Telephone Number: <u>(707) 942-5920</u>	Fax Number: <u>(707) 942-1201</u>
* Email: <u>erica@calistogaaffordablehousing.org</u>	

Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:**
 O. Not for Profit Organization
Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:**

* Other (specify):

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

U.S. Department of Agriculture Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

1 0 4 2 7

CFDA Title:

Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

FLH Rental Assistance

* Title:

NOFA for Section 514 Farm Labor Housing Loans and 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2012

13. Competition Identification Number:

Title:

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

St. Helena, County of Napa, California

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

Turley Flats

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,982,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="299,000.00"/>
* e. Other	<input type="text" value="375,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="2,656,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

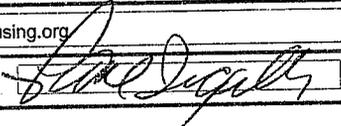
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:



Application for Federal Assistance SF-424

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

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

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

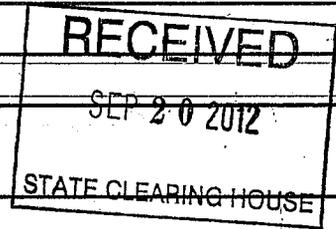
State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** Calistoga Affordable Housing

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680472556	* c. Organizational DUNS: 086934044
---	---



d. Address:

*** Street1:** 1332 Lincoln Street
Street2: _____
*** City:** Calistoga
County: Napa
*** State:** California
Province: _____
*** Country:** United States
*** Zip / Postal Code:** 94515

e. Organizational Unit:

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

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

Prefix: Ms. *** First Name:** Erica
Middle Name: _____
*** Last Name:** Sklar
Suffix: _____

Title: Executive Director

Organizational Affiliation:
California Affordable Housing

*** Telephone Number:** (707) 942-5920 **Fax Number:** (707) 942-1201

*** Email:** erica@calistogaaffordablehousing.org

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Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:** Not for Profit Organization**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:**

* Other (specify):

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

U.S. Department of Agriculture Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

1 | 0 | 4 | 0 | 5

CFDA Title:

Farm Labor Housing Loans and Grants

*** 12. Funding Opportunity Number:**

Section 514 and Section 516

* Title:

NOFA for Section 514 Farm Labor Housing Loans and 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2012

13. Competition Identification Number:

Title:

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

St. Helena, County of Napa, California

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

Turley Flats

Attach supporting documents as specified in agency instructions.

5

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1

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,982,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="299,000.00"/>
* e. Other	<input type="text" value="375,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="2,656,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

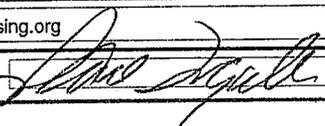
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:





Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

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

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

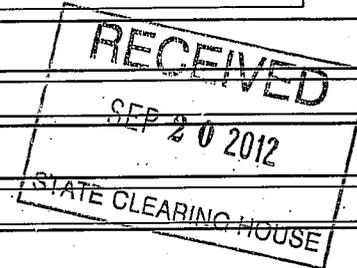
*** a. Legal Name:** Desert Alliance for Community Empowerment

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

033-857187

*** c. Organizational DUNS:**

108363370



d. Address:

* Street1: 53-990 Enterprise Way, Suite 1

Street2:

* City: Coachella

County: Riverside

* State: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 92236

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.

* First Name: Jeffrey

Middle Name: Alan

* Last Name: Hays

Suffix:

Title: Executive Director

Organizational Affiliation:

Desert Alliance for Community Empowerment

* Telephone Number: 760-391-5043

Fax Number: 760-391-5100

* Email: jeff@dace-rancho.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

10.427

CFDA Title:

514 & 516 Farm Labor Housing Loans & Grants

* 12. Funding Opportunity Number:

Notice of Funds Availability for sect. 514 Loans and 516 Grants

* Title:

Notice inviting pre-applications from qualified applicants for FY 2012

13. Competition Identification Number:

Title:

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

Mecca, California- Riverside County

* 15. Descriptive Title of Applicant's Project:

San Cristobal Migrant Housing Complex-Bunkhouse expansion & operating subsidy for 64 beds. Requesting subsequent funding to augment existing 96 bed project & subsidy.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 45th District

* b. Program/Project 45th

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

17. Proposed Project:

* a. Start Date: 10-1-2012

* b. End Date: 12-31-13

18. Estimated Funding (\$):

* a. Federal \$700,000
* b. Applicant 0
* c. State \$3,500,000
* d. Local \$2,817,614
* e. Other \$948,500 (USDA 516 Ph 1)
* f. Program Income 0
* g. TOTAL \$7,966,414

* 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 9-12-12
- 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: Jeffrey
Middle Name: Alan
* Last Name: Hays
Suffix: []

* Title: Executive Director

* Telephone Number: 760-391-5043 Fax Number: 760-391-5100

* Email: jeff@dace-rancho.org

* Signature of Authorized Representative: [Signature] * Date Signed: 9-14-12

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

* 3. Date Received: _____	4. Applicant Identifier: 73-1672982
-------------------------------------	---

RECEIVED
SEP 21 2012
STATE CLEARING HOUSE

5a. Federal Entity Identifier: 73-1672982	* 5b. Federal Award Identifier: _____
---	---

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

8. APPLICANT INFORMATION:

* a. Legal Name: Global Footprint Network
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 73-1672982	* c. Organizational DUNS: 170813559
--	---

d. Address:	
* Street1: 312 Clay Street, Suite 300	_____
Street2:	_____
* City: Oakland	_____
County:	_____
* State: CA	_____
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code: 94607-3510	_____

e. Organizational Unit:

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

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

Prefix: _____	* First Name: Nina
Middle Name: _____	
* Last Name: Brooks	
Suffix: _____	

Title: Manager, External Affairs

Organizational Affiliation: _____

* Telephone Number: (510) 839-8879 ext. 208	Fax Number: (510) 251-2410
--	-----------------------------------

* Email: nina@footprintnetwork.org



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.510

CFDA Title:

Surveys, Studies, Investigations & Special Purpose Grants within the ORD

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

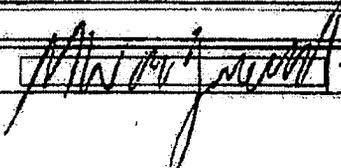
Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut

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

The 'State of New England': Exploring New England's Competitiveness in a Resource Constrained World

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-009	* b. Program/Project ME-all
Attach an additional list of Program/Project Congressional Districts if needed.	
NH-all, VT-all, MA-all, RI-all, CT-all	
17. Proposed Project:	
* a. Start Date 5/15/2012	* b. End Date 2/14/2013 MW 15 Jan 2012
18. Estimated Funding (\$):	
* a. Federal 15,000	
* b. Applicant 23,100	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL 38,100	
19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix Dr.	* First Name Mathis
Middle Name	
* Last Name Wackernagel	
Suffix	
* Title President & CEO	
* Telephone Number (510) 839-8879 ext. 305	Fax Number (510) 251-2410
* Email mathis@foolpnnlnetwork.org	
* Signature of Authorized Representative 	* Date Signed 18 Nov 2011



100

100

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 checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: 12-8130-0187-CA	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: The Regents of the University of California			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002123		*c. Organizational DUNS: 1247267250000	
d. Address:			
*Street1: c/o Sponsored Projects Office Street 2: 2150 Shattuck Avenue, Suite 300 *City: Berkeley County: Alameda *State: CA Province: Country: USA			
*Zip/ Postal Code: 94704-5940			
e. Organizational Unit:			
Department Name: Environmental Science, Policy and Management		Division Name: College of Natural Resources	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Ms.		First Name: Kate	
Middle Name:			
*Last Name: Lewis		Suffix:	
Title: Senior Research Administrator			
Organizational Affiliation: The Regents of the University of California Sponsored Projects Office			
*Telephone Number: 510-642-8117		Fax Number: 510-642-8236	
*Email: kate_lewis@berkeley.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 APHIS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

*12. Funding Opportunity Number: **Farm Bill Section 10201***Title: **National Ornamentals Research Site at Dominican University of California**

13. Competition Identification Number:

Title:

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

Monterey to Humboldt County

*15. Descriptive Title of Applicant's Project:

A comprehensive study of populations of Phytophthora ramorum in plants, soil and water during the course of a year at the NORS-DUC nursery research facility**Attach supporting documents as specified in agency instructions.**

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

CA-009

*b. Program/Project:

CA-all

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

17. Proposed Project:

*a. Start Date: 8/1/12

*b. End Date: 7/31/13

18. Estimated Funding (\$):

*a. Federal

\$59,493.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

\$59,493.00

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

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

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix:

*First Name: Kate

Middle Name:

*Last Name: Lewis

Suffix:

*Title:

Research Administrator

*Telephone Number: 510-642-8117

Fax Number: 510-642-8236

*Email: spoawards@berkeley.edu

*Signature of Authorized Representative

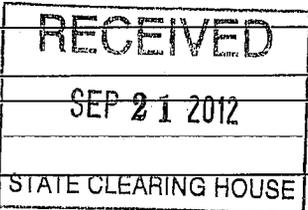
Date Signed: 9/20/12

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED September 21, 2012	Applicant Identifier Dept. of Food and Agriculture
		3. DATE RECEIVED BY STATE September 18, 2012	State Application Identifier 12-0359-FR
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-1628-CA

5. APPLICANT INFORMATION Legal Name: State of California		Organizational Unit: Department: Food and Agriculture	
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services	
Address: Street: 4220 N Street, Room 315		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jason	
City: Sacramento		Middle Name K	
County: Sacramento		Last Name Chan	
State: California	Zip Code 95814	Suffix:	
Country: United States		Email: jason.chan@cdfa.ca.gov	



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

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) A - State Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025 TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Medfly Rancho Cucamonga
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California	9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ
---	---

13. PROPOSED PROJECT Start Date: August 18, 2012 Ending Date: August 17, 2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 26 b. Project Medfly Rancho Cucamonga
--	--

15. ESTIMATED FUNDING: a. Federal \$ 52,506.00 b. Applicant \$.00 c. State \$ 0.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 52,506.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON. DATE: September 21, 2012 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
--	---

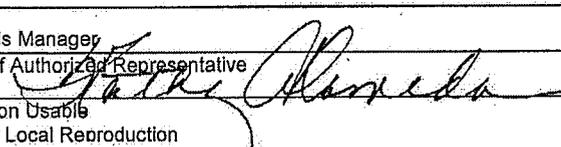
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Manager, Federal Funds Management Office		c. Telephone Number (give area code) (916) 403-6525
d. Signature of Authorized Representative		e. Date Signed

C

C

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED September 21, 2012	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> 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 13-8506-1164-CA
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department: Food and Agriculture	
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services	
Address: Street: 3294 Meadowview Road		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: Duane
County: Sacramento		Middle Name	
State: CA		Last Name Schnabel	
Zip Code 95832		Suffix:	
Country: USA		Email: duane.schnabel@cdfa.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="4"/>		Phone Number (give area code) 916-262-1102	Fax Number (give area code) 916-262-2020
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A- State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> TITLE (Name of Program): Pest and Animal Disease, Pest Control and Animal Care		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Light Brown Apple Moth	
13. PROPOSED PROJECT Start Date: 10/01/2012 Ending Date: 09/30/2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 5 b. Project District 11	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,400,000 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 24, 2012	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 5,400,000 ⁰⁰	a. Authorized Representative	
		Prefix Ms.	First Name Kathy
		Middle Name	
		Last Name Alameda	
		Suffix	
		b. Title Federal Funds Manager	
		c. Telephone Number (give area code) 916-403-6525	
		d. Signature of Authorized Representative 	
		e. Date Signed 9/21/12	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED September 21, 2012	App. Identifier Dept. of Food and Agriculture
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE September 21, 2012	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 13-8506-1211-CA

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California		Department: Food and Agriculture	
Organizational DUNS: 807487665	RECEIVED	Division: Plant Health and Pest Prevention Services	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 1220 N Street, Room 315	SEP 21 2012	Prefix:	First Name: Jason
City: Sacramento	STATE CLEARING HOUSE	Middle Name K	
County: Sacramento		Last Name Chan	
State: California	Zip Code 95814	Suffix:	
Country: United States		Email: jason.chan@cdfa.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): [6][8]-[0][3][2][5][1][0][4]	Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555
---	---	---

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) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1][0]-[0][2][5] TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asian Citrus Psyllid
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California	

13. PROPOSED PROJECT Start Date: October 1, 2012 Ending Date: September 30, 2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 52 b. Project Asian Citrus Psyllid
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 10,093,109. 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 21, 2012
b. Applicant \$. ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 1,542,552. ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$. ⁰⁰	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$. ⁰⁰	
g. TOTAL \$ 11,635,661. ⁰⁰	

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

a. Authorized Representative		
Prefix	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Manager, Federal Funds Management Office	c. Telephone Number (give area code) (916) 403-6525	
d. Signature of Authorized Representative	e. Date Signed	



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: City of Patterson	Organizational Unit: Department: Parks and Recreation
Organizational DUNS: 939794710	Division:
Address: Street: 1 Plaza PO Box 667	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Adrienne
City: Patterson	Middle Name
County: Stanislaus	Last Name Chaney
State: California	Zip Code 95363
Country: USA	Email: achaney@ci.patterson.ca.us

RECEIVED
 SEP 21 2012
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-6000391

Phone Number (give area code) 209-895-8085	Fax Number (give area code) 209-895-8059
---	---

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)
 C. Municipal
 Other (specify)

9. NAME OF FEDERAL AGENCY:
 US Department of Agriculture, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 TITLE (Name of Program): 10-756

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Construction activities for the Patterson Teen Center. Center will be sub-leased to sub-lease to the Center for Human Services nonprofit to be used for skill building presentations, homework help, self-improvement programs, dinners, and office space for the Recreation and Community Services Department Administration.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Patterson, Stanislaus County, California

13. PROPOSED PROJECT
 Start Date: September 2012 Ending Date: September 2013

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 18 b. Project 18

15. ESTIMATED FUNDING:

a. Federal	\$	2,829,892 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	⁰⁰

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

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

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

a. Authorized Representative

Prefix	First Name Rod	Middle Name
Last Name Butler	Suffix	
b. Title City Manager	c. Telephone Number (give area code) 209-895-8015	
d. Signature of Authorized Representative <i>Rod B. Butler</i>	e. Date Signed 9/6/2012	

C

C

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the Uiveristy of California	
---	--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	*c. Organizational DUNS: 604591925
---	---------------------------------------

RECEIVED
 SEP 21 2012
 STATE CLEARING HOUSE

d. Address:

*Street1: 1111 Franklin Street	
Street 2: ANR Office of Contracts & Grants	
*City: Oakland	
County:	
*State: CA	
Province:	
Country:	
*Zip/ Postal Code: 94607	

e. Organizational Unit:

Department Name: Cooperative Extension - Sonoma County/Napa County	Division Name: Division of Agriculture & Natural Resources
---	---

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

Prefix:	First Name: Lucia
Middle Name:	
*Last Name: Varela	
Suffix:	
Title: Advisor	

Organizational Affiliation:

The Regents of the University of California
UC Cooperative Extension - Sonoma Couny

*Telephone Number: 707-565-2621	Fax Number: 707-565-2623
*Email: lgvarela@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 APHIS PPQ	
11. Catalog of Federal Domestic Assistance Number: 10.025 CFDA Title: Plant and Animal Disease, Pest Control and Animal Care	
*12. Funding Opportunity Number: *Title: Monitoring and Control of European Grapevine Moth, Lobesia botrana (2012-2013)	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Oakville, Napa County, California	
*15. Descriptive Title of Applicant's Project: Monitoring and Control of 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-009** *b. Program/Project: **CA-001**

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

17. Proposed Project:

*a. Start Date: **09/01/2012** *b. End Date: **08/31/2013**

18. Estimated Funding (\$):

*a. Federal	\$102,921.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$102,921.00

*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 **09/21/12**

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: *Heidi von Geldern*

Prefix: *First Name: **Heidi**

Middle Name:

*Last Name: **von Geldern**

Suffix:

*Title: **Sr. Contract & Grant Analyst**

*Telephone Number: **530-754-8481** Fax Number: **530-754-3943**

*Email: **hvongeldern@ucdavis.edu**

*Signature of Authorized Representative: _____ Date Signed: _____

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 13-8508-0052-CA
5. APPLICANT INFORMATION				
Legal Name: County of Riverside		Organizational Unit: Department: Agricultural Commissioner's Office		
Organizational DUNS: 146761429		Division:		
Address: Street: 4080 Lemon Street, Room 19		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 24 2012 </div>		
City: Riverside				
County: Riverside		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: John		
State: CA Zip Code: 92501		Middle Name		
Country: USA		Last Name: Snyder		
		Suffix:		
		Email: AgDept@rivcoag.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000930		Phone Number (give area code) (951) 955-3011		Fax Number (give area code) (951) 955-3047
7. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): GWSS Area-wide Management Program		8. NAME OF FEDERAL AGENCY: USDA / APHIS		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Temecula Valley and Coachella Valley - Riverside County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Temecula Valley and Coachella Valley Area-wide Management and Treatment Program		
13. PROPOSED PROJECT Start Date: 10/01/2012 Ending Date: 09/30/2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California b. Project California		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 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: 09/24/2012		
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 100,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
g. Authorized Representative				
Prefix	First Name John	Middle Name		
Last Name Snyder			Suffix	
d. Title Agricultural Commissioner / Sealer of Weights and Measures			c. Telephone Number (give area code) (951) 955-3011	
d. Signature of Authorized Representative			e. Date Signed	

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



Application for Federal Assistance SF-424

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

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

RECEIVED
SEP 24 2012
STATE CLEARING HOUSE

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

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** Las Palmeras Imperial, LP

* b. Employer/Taxpayer Identification Number (EIN/TIN): 45-2906587	*c. Organizational DUNS: 13-552-6148
--	--

d. Address:
***Street1:** 16935 W. Bernardo Drive, Suite 238
Street 2:
***City:** San Diego
County:
***State:** CA
Province:
Country: USA
***Zip/ Postal Code:** 92127

e. Organizational Unit: Department Name: Pacific Southwest Community Development Corporation	Division Name:
--	-----------------------

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

Prefix: Mr
First Name: Matthew
Middle Name:
***Last Name:** Gevergiz
Suffix:

Title: Assistant Project Manager

Organizational Affiliation:
Chelsea Investment Corporation, Developer

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

***Email:** mgevergiz@chelseainvestm



Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Non-Profit 501 (c) 3

*10. Name of Federal Agency:

Rural Housing Service, USDA; Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

10.405: Farm Labor Housing Loans and Grants

10.427: Rural Rental Assistance Payments

*12. Funding Opportunity Number:

*Title:

Notice of Funding Availability (NOFA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal year (FY) 2012

13. Competition Identification Number:

N/A

Title:

N/A

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

Imperial, Imperial County, CA

*15. Descriptive Title of Applicant's Project:

Las Palmeras Apartments (New Multifamily Affordable Housing Project)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **CA-050**

*b. Program/Project: **CA-51**

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

N/A

17. Proposed Project:

*a. Start Date: **January 2014**

*b. End Date: **January 2015**

18. Estimated Funding (\$):

*a. Federal	\$6,270,351.00
*b. Applicant	\$174,355.00
*c. State	\$1,022,500.00
*d. Local	\$3,000,000.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$10,467,206.00

***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 8/22/11
- 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

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

**I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Robert

Middle Name:

*Last Name: Laing

Suffix:

*Title: President, Pacific Southwest Community Development Corporation

*Telephone Number: (858) 675-0506

Fax Number: (858) 675-0702

*Email: robertlaing@pswcdc.org

*Signature of Authorized Representative: *Robert Laing*

Date Signed: 9/14/2012

Application for Federal Assistance SF-424

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. 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: Villa Primavera Calexico, LP			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 45-2906868		*c. Organizational DUNS: 13-552-6148	
d. Address:			
*Street1: 16935 W. Bernardo Drive, Suite 238			
Street 2:			
*City: San Diego			
County:			
*State: CA			
Province:			
Country: USA		*Zip/ Postal Code: 92127	
e. Organizational Unit:			
Department Name: Pacific Southwest Community Development Corporation		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr		First Name: Jordan	
Middle Name:			
*Last Name: Penn		Suffix:	
Title: Project Manager			
Organizational Affiliation: Chelsea Investment Corporation, Developer			
*Telephone Number: (760)456-6000			
		Fax Number: (760) 456-6001	
*Email: Jpenn@chelseainvestco.com			

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SEP 24 2012
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

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

Type of Applicant 3: Select Applicant Type:
- Select One -

*Other (specify): **Non-Profit 501 (c) 3**

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

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

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

*12. Funding Opportunity Number:

*Title: **Notice of Funding Availability (NOFA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal year (FY) 2012**

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

Title:
N/A

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

Calexico, Imperial County, CA

*15. Descriptive Title of Applicant's Project:

Villa Primavera Apartments (New Multifamily Affordable Housing Project)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant **CA-050**

*b. Program/Project: **CA-51**

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

N/A

17. Proposed Project:

*a. Start Date: **January 2014**

*b. End Date: **January 2015**

18. Estimated Funding (\$):

*a. Federal	\$3,031,995.00	
*b. Applicant	\$318,971.00	
*c. State	\$0.00	
*d. Local	\$7,500,000.00	Includes: \$ 3,000,000 Perm Loan + \$ 4,500,000 HOME
*e. Other	\$0.00	
*f. Program Income	\$0.00	
*g. TOTAL	\$10,850,966.00	

*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 8/22/11
- 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

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

**I AGREE

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

Authorized Representative:

Prefix: **Mr.** *First Name: **Robert**

Middle Name:

*Last Name: **Laing**

Suffix:

*Title: **President, Pacific Southwest Community Development Corporation**

*Telephone Number: **(858) 675-0506**

Fax Number: **(858) 675-0702**

*Email: **robertlaing@pswcdc.org**

*Signature of Authorized Representative: *Robert Laing*

Date Signed: **9/14/2012**

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

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

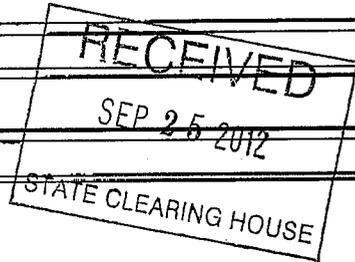
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
---	--

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: CDF/OFFICE OF STATE FIRE MARSHAL	_____
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0306069	* c. Organizational DUNS: 949093272



d. Address:

* Street1: 3950 Paramount Blvd. #210	_____
Street2: _____	_____
* City: Lakewood	_____
County/Parish: _____	_____
* State: CA: California	_____
Province: _____	_____
* Country: USA: UNITED STATES	_____
* Zip / Postal Code: 90712-0000	_____

e. Organizational Unit:

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

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

Prefix: Mr.	* First Name: Robert
Middle Name: _____	_____
* Last Name: Gorham	_____
Suffix: _____	_____
Title: Division Chief	_____
Organizational Affiliation: _____	_____

* Telephone Number: 562-497-9102	Fax Number: _____
* Email: bob.gorham@fire.ca.gov.	_____

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Pipeline Hazardous Material Safety Administration

11. Catalog of Federal Domestic Assistance Number:

20.700

CFDA Title:

Pipeline Safety Program Base Grant

*** 12. Funding Opportunity Number:**

DOT-PH-PHF-13-RL

*** Title:**

DOT PHMSA 2013 Hazardous Liquid Base Grant

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

CDF/OFFICE OF STATE FIRE MARSHAL Base Grant

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,525,701.60"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="381,425.40"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,907,127.00"/>

* 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 28, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:
* Title:
* Telephone Number: Fax Number:
* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Department of Food and Agriculture
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier 12-0380-FR
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 13-8506-0484-CA
	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: State of California	RECEIVED SEP 26 2012 STATE CLEARING HOUSE	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) Prefix: First Name: Roger
City: Sacramento		Middle Name
County: Sacramento		Last Name Spencer
State: CA	Zip Code 95814	Suffix:
Country: USA		Email: roger.spencer@cdfa.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
[6][8]-[0][3][2][5][1][0][4]
Phone Number (give area code): 916-900-5252
Fax Number (give area code): 916-900-5350

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

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

9. NAME OF FEDERAL AGENCY:
USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
[1][0]-[0][2][5]
TITLE (Name of Program):
Plant and Animal Disease, Pest Control and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Pierce's Disease Control Program/Glassy-winged Sharpshooter

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
State of California

13. PROPOSED PROJECT
Start Date: 10/1/2012 Ending Date: 9/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: California b. Project: GWSS

15. ESTIMATED FUNDING:

a. Federal	\$	13,500,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	13,500,000.00

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: 9/25/12
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 Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Federal Funds Manager		c. Telephone Number (give area code) 916-403-6525
d. Signature of Authorized Representative		e. Date Signed 9/26/12



1914
1915
1916

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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 11-0386-FR
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-0484-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) Prefix: _____ First Name: Roger
City: Sacramento	Middle Name
County: Sacramento	Last Name Spencer
State: CA	Suffix:
Zip Code 95814	Email: roger.spencer@cdfa.ca.gov

RECEIVED

SEP. 27 2012

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): [6][8]-[0][3][2][5][1][0][4]	Phone Number (give area code) 916-900-5252	Fax Number (give area code) 916-900-5350
---	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Plant and Animal Disease, Pest Control and Animal Care [1][0]-[0][2][5]	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pierce's Disease Control Program/Glassy-winged Sharpshooter
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California	9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ
---	---

13. PROPOSED PROJECT Start Date: 10/1/2011	Ending Date: 9/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant California	b. Project GWSS
---	---------------------------	--	--------------------

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,800,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$.00	DATE:
c. State \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 1,800,000.00	

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

a. Authorized Representative		
Prefix	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Federal Funds Manager	c. Telephone Number (give area code) 916-403-6525	
d. Signature of Authorized Representative	e. Date Signed	



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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 9/25/2012	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: City of Big Bear Lake	Organizational Unit: Department: Department of Water and Power
Organizational DUNS: 624504635	Division:

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SEP 27 2012

STATE CLEARING HOUSE

Address: Street: 41972 Garstin Drive		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Big Bear Lake	Prefix: Mr.	First Name: Reginald	Middle Name: A.
County: San Bernardino	Last Name: Lamson		Suffix:
State: CA	Zip Code: 92315	Email: rlamson@bbldwp.com	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

30-0678743

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

C. Municipal
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:
United States Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

TITLE (Name of Program):
Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Portions of unincorporated San Bernardino County

13. PROPOSED PROJECT

Start Date: 1/1/2013	Ending Date: 12/31/2014
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 41	b. Project 41
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15. ESTIMATED FUNDING:

a. Federal	\$ 4,376,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 4,376,000.00

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: 9/25/2012

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 Reginald	Middle Name A.
Last Name Lamson		Suffix
b. Title General Manager, Department of Water and Power		c. Telephone Number (give area code) (909) 866-5050
d. Signature of Authorized Representative		e. Date Signed

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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: <input type="text"/>	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"/>	
8. APPLICANT INFORMATION:		
a. Legal Name: <input type="text"/> California Academy of Sciences		
b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-1156258	c. Organizational DUNS: <input type="text"/> 074632456000	
d. Address:		
Street1: <input type="text"/> 55 MUSIC CONCOURSE DRIVE	Street2: <input type="text"/>	
City: <input type="text"/> SAN FRANCISCO	County/Parish: <input type="text"/>	
State: <input type="text"/> CA: California	Province: <input type="text"/>	
Country: <input type="text"/> USA: UNITED STATES	Zip / Postal Code: <input type="text"/> 94118-4503	
e. Organizational Unit:		
Department Name: <input type="text"/> Ornithology and Mammalogy	Division Name: <input type="text"/> Research	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text"/> Nathaniel	
Middle Name: <input type="text"/> E.	Last Name: <input type="text"/> Plannery	
Suffix: <input type="text"/>	Title: <input type="text"/> Collections Manager	
Organizational Affiliation: <input type="text"/> California Academy of Sciences		
Telephone Number: <input type="text"/> 415-379-5371	Fax Number: <input type="text"/> 415-379-5738	
Email: <input type="text"/> nplannery@calacademy.org		

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STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

M: Nonprofit with 501(c)(3) 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-PRD-2013-2003390

Title:

John H. Prescott Marine Mammal Rescne Assistance Grant Program (Prescott Grant Program) for Fiscal Year 2013

13. Competition Identification Number:

2280196

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Expanding response to and data collection from dead stranded marine mammals in northern California, specifically in Sonoma County

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-008

b. Program/Project CA-008

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

a. Start Date: 08/01/2014

b. End Date: 07/31/2015

18. Estimated Funding (\$):

a. Federal	94,945.00
b. Applicant	44,809.00
c. State	0.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	144,553.00

* 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 08/28/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

 ** I AGREE

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

Authorized Representative:

Prefix: _____ First Name: Alison

Middle Name: R

Last Name: Brown

Suffix: _____

Title: Chief of Staff / Chief Financial Officer

Telephone Number: 415-474-5114 Fax Number: 415-474-5797

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

* 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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SEP 28 2012

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: STATE CLEARING HOUSE
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

*** a. Legal Name:** California Academy of Sciences

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156258	* c. Organizational DUNS: 0746324560000
--	---

d. Address:

* Street1:	55 Music Concourse Drive
Street2:	_____
* City:	San Francisco
County/Parish:	_____
* State:	CA: California
Province:	_____
* 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: _____	* First Name: Maureen
Middle Name: E.	_____
* Last Name: Flannery	_____
Suffix: _____	_____

Title: Collections Manager

Organizational Affiliation: California Academy of Sciences

* Telephone Number: 415-379-5371	Fax Number: 415-379-5738
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*** Email:** mflannery@calacademy.org

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Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.439

CFDA Title:

Marine Mammal Data Program

*** 12. Funding Opportunity Number:**

NOAA-NMFS-PRPO-2013-2003390

* Title:

John H. Prescott Marine Mammal Rescue Assistance Grant Program (Prescott Grant Program) for Fiscal Year 2013

13. Competition Identification Number:

2280396

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Expanding response to and data collection from dead stranded marine mammals in northern California, specifically in Sonoma County

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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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="99,945.00"/>
* b. Applicant	<input type="text" value="44,608.00"/>
* 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="144,553.00"/>

*** 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:



[The text in this section is extremely faint and illegible.]