Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **September 16th through 30th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED SEP 27 2002 STATE CLEARING HOUSE

2. DATE SUBMITTED 9/27/02	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: American Lung Association of San Diego & Imperial Counties

Organizational Unit: San Diego and Imperial County

Address (give city, county, State, and zip code): 2750 Fourth Avenue, San Diego, CA 92103

Name and telephone number of person to be contacted on matters involving this application (give area code): Jan Cortez (619) 297-3901

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1644627

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Not-for-Profit

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: U.S. EPA, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Indoor Air Quality in Schools

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County, Imperial County

13. PROPOSED PROJECT

Start Date: 11/01/02 Ending Date: 10/31/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 49th & 52nd

b. Project: 49th-52nd

15. ESTIMATED FUNDING:

a. Federal	$ 15,000	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$ -	.00
g. TOTAL	$ 15,000	.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 9/27/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Janie Davis	b. Title: President & CEO	c. Telephone Number: (619) 297-3901
d. Signature of Authorized Representative: Janie Davis		e. Date Signed: 9/27/02

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

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:

Application
- [X] Construction
- [ ] Non-Construction

Preapplication
- [ ] Construction
- [ ] Non-Construction

2. DATE SUBMITTED July 19, 2002

Applicant Identifier 06CTY13700201

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier 06CTY13700201

RECEIVED AUG 27 2002 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: City of Fresno

Organizational Unit: Parks and Recreation Department

Address (give city, county, State, and zip code): 2326 Fresno Street, Room 101, Fresno, CA 93721-3724

Name and telephone number of person to be contacted on matters involving this application (give area code): Kevin Fabino, Grant Administrator (559) 621-2914

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000338

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

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

8. TYPE OF APPLICATION:

[X] New [ ] Continuation [ ] Revision

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

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

9. NAME OF FEDERAL AGENCY: 1443 National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-919

TITLE: Urban Park and Recreation Recovery

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fink-White Playground Rehabilitation & Expansion of Recreational Opportunities

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Fresno

13. PROPOSED PROJECT

Start Date	Ending Date
10/2002	06/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 20

b. Project 20

15. ESTIMATED FUNDING:

a. Federal	$ 285,073 .00
b. Applicant	$ .00
c. State	$ 47,174 .00
d. Local	$ 75,000 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 407,247 .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 8-16-02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Ronald P. Primavera	Parks and Recreation Director	(559) 621-2909

d. Signature of Authorized Representative: R Primavera

e. Date Signed: 7/15/02

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Prescribed by OMB Circular A-102

DOT FTA

U.S. Department of Transportation Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-90-Y011-03
Budget Number:	4 - Budget Pending Approval
Project Information:	Capital Assistance

Part 1: Recipient Information

Project Number:	CA-90-Y011-03
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

RECEIVED
SEP 27 2002
STATE CLEARING HOUSE

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824

Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Telephone:	
Facsimile:	(213) 738-0857

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y011-03
Project Description:	Capital Assistance
Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Joanna Capelle
New/Amendment:	Amendment
Amend Reason:	Increase Award

Gross Project Cost:	$3,820,739
Adjustment Amt:	$0
Total Eligible Cost:	$2,657,544
Total FTA Amt:	$2,126,035
Total State Amt:	$0
Total Local Amt:	$531,509
Other Federal Amt:	$0

Fed Dom Asst. #:	20507
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Aug. 01, 2002 - Dec. 31, 2003
Recvd. By State:	Sep. 09, 2002
EO 12372 Rev:	YES
Review Date:	Aug. 30, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Aug. 05, 2001
Program Page:	RIV010514,SBD990602
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Special Cond Amt:	$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA
60420	RIVERSIDE-SAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	28	David Dreier
6	30	Xavier Becerra
6	31	Hilda L Solis
6	33	Lucille Roybal-Allard
6	41	Gary G Miller
6	42	Joe Baca
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	27	Adam Schiff
6	29	Henry A Waxman
6	34	Grace F Napolitano
6	38	Steve Horn

DOT FTA

U.S. Department of Transportation Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-03-0552-03
Budget Number:	4 - Budget Pending Approval
Project Information:	Rehab track, signals, facilities, r

Part 1: Recipient Information

Project Number:	CA-03-0552-03
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824

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Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Telephone:	
Facsimile:	(213) 738-0857

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-03-0552-03
Project Description:	Rehab track, signals, facilities, r
Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Joanna Capelle
New/Amendment:	Amendment

Gross Project Cost:	$9,647,722
Adjustment Amt:	$0
Total Eligible Cost:	$9,647,722
Total FTA Amt:	$7,718,177
Total State Amt:	$0
Total Local Amt:	$1,929,545
Other Federal Amt:	$0

Amend Reason:	Increase Award
Fed Dom Asst. #:	20500
Sec. of Statute:	5309
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	Sep. 11, 2002
EO 12372 Rev:	YES
Review Date:	Aug. 30, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jan. 11, 2002
Program Page:	990602, ORA37111
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Special Cond Amt:	$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA
60420	RIVERSIDE-SAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	30	Xavier Becerra
6	33	Lucille Roybal-Allard
6	39	Edward Royce
6	46	Loretta L Sanchez
6	47	Christopher Cox
6	48	Darrell Issa
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman

DOT FTA

U.S. Department of Transportation Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-03-0552-03
Budget Number:	4 - Budget Pending Approval
Project Information:	Rehab track, signals, facilities, r

RECEIVED
SEP 27 2002
STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-03-0552-03
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
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Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
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Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824

Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Telephone:	
Facsimile:	(213) 738-0857

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-03-0552-03
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Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Joanna Capelle
New/Amendment:	Amendment

Gross Project Cost:	$9,647,722
Adjustment Amt:	$0
Total Eligible Cost:	$9,647,722
Total FTA Amt:	$7,718,177
Total State Amt:	$0
Total Local Amt:	$1,929,545
Other Federal Amt:	$0

Amend Reason:	Increase Award
Fed Dom Asst. #:	20500
Sec. of Statute:	5309
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Aug. 30, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jan. 11, 2002
Program Page:	990602, ORA37111
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Special Cond Amt:	$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA
60420	RIVERSIDE-SAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	30	Xavier Becerra
6	33	Lucille Roybal-Allard
6	39	Edward Royce
6	46	Loretta L Sanchez
6	47	Christopher Cox
6	48	Darrell Issa
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman

OMB Approval No 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: September 17, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY AGENCY	Federal Identifier

1. TYPE OF SUBMISSION

Application	Pre-application
☒ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

RECEIVED SEP 27 2002 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: County of Los Angeles

Organizational Unit: Community Development Commission, Preservation Unit

Address (give city, county, state and zip code): 2 Coral Circle, Monterey Park, CA 91755, Los Angeles County

Name and telephone of the person to be contacted on matters involving this application (give area code): Taufic K. Syed Rushdy, Director (323) 890-7230

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 – 3 7 7 7 5 9 6

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

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

8. TYPE OF APPLICATION

☐ New ☒ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. 2 0 – 1 0 6

TITLE: AIRPORT IMPROVEMENT PROGRAM

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Implement a FAR Part 150 Noise Compatibility Program for the County of Los Angeles. Voluntary acoustical treatment of approximately 196 residential units within the 65 dB or greater Community Noise Equivalent Level.

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

Lennox CDP, Los Angeles County, California

13. PROPOSED PROJECT

Start Date	Ending Date
2003	2005

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Congressional District 31
b. Project: Congressional District 35

15. ESTIMATED FUNDING:

a. Federal	6,285,000.00
b. Applicant	.00
c. State	.00
d. Local	1,571,250.00
e. Other	.00
f. Program Income	.00
g. TOTAL	7,856,250.00

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 September 11, 2002

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes, If "Yes", attach an explanation ☒ No

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone
CARLOS JACKSON	Executive Director	(323) 890-7400
d. Signature of Authorized Representative: Carlos Jackson		e. Date Signed: September 17, 2002

Previous Editions Not Usable

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

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 9/26/02

Applicant Identifier:

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

STATE CLEARING HOUSE

SEP 27 2002

RECEIVED

5. APPLICANT INFORMATION

Legal Name: South Coast RC&D

Organizational Unit:

Address (give city, county, state, and zip code): 4500 Glenwood Drive, Bulding D, Riverside, CA 92501

Name and telephone number of person to be contacted on matters involving this application (give area code): Edward M. Umbach 909-682-3956

6. EMPLOYER IDENTIFICATION (EIN): 33-0820515

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

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

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☑ Revision

If Revision, enter appropriate letter(s) in: A

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

9. NAME OF FEDERAL AGENCY: USDA/NRCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.901

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Providing educational opportunities relating to soil erosion to underserved youth in Los Angeles.

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

13. PROPOSED PROJECT

Start Date: 9/30/02

Ending Date: 12/30/02

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: South Coast RC&D

b. Project: NRPYA

15. ESTIMATED FUNDING

a. Federal	$ 100,000.00
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. Total	$ 100,000.00

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

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

DATE 9/26/02

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 (Attach explanation) ☑ NO

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

a. Type Name of Authorized Representative: Marty Leavitt

b. Title: President

c. Telephone Number: (909) 682-3956

d. Signature of Authorized Representative: Robert D. Uhrale for Marty Leavitt

e. Date Signed: 9-26-02

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STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

To: California clearinghouse
fax: 916-323-3018

APPLICATION FOR FEDERAL ASSISTANCE

-0043

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

RECEIVED SEP 26 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of San Diego

Organizational Unit: Department of Planning & Land Use

Address (give city, county, State, and zip code): 5201 Ruffin Road, Suite B, San Diego CA 92123

Name and telephone number of person to be contacted on matters involving this application (give area code): Tom Oberbauer (858) 694-~~3700~~ 3701 619-441-4264

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 96-6000934

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-461

TITLE: Wetlands Protection Dev. Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ramona Vernal Pool Study

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

13. PROPOSED PROJECT: Ramona Vernal Pools

14. CONGRESSIONAL DISTRICTS OF: 52 - Duncan Hunter

Start Date	Ending Date	a. Applicant	b. Project
04/02	04/03	Tom Oberbauer	

15. ESTIMATED FUNDING:

a. Federal	$ 75,000 .00
b. Applicant	$ 25,000 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 100,000 .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

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: GARY PRYOR, Director

b. Title: Planning & Land Use

c. Telephone Number: (858) 694-2962

d. Signature of Authorized Representative:

e. Date Signed: 2-19-02

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Prescribed by OMB Circular A-102

To: California clearinghouse fax: 916-323 3018

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant
02/22/02	
3. DATE RECEIVED BY STATE	State Ap
4. DATE RECEIVED BY FEDERAL AGENCY	Federal I

1. TYPE OF SUBMISSION

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: ALBA-Agricultural Land-Based training Assoc.

Organizational Unit:

Address (give city, county, state, and zip code): P.O. Box 5415, Salinas, CA 93915

Name and telephone number of the person to be contacted on matters involving this application (give area code): Patrick Troy 831/758-3665 (fx) 831/758-1469

6. EMPLOYER IDENTIFICATION (EIN): 77-0566055

7. TYPE OF APPLICANT: (enter appropriate letter here) ____

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify: ____

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.604

TITLE: Environmental Justice-Small Gr.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Minority Farmer Organic Nutrient Management for Reduction of Nitrate Leaching in the Salinas Valley

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Salinas, California (Monterey Co.)

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13. PROPOSED PROJECT:

Start Date	End Date
8/01/02	7/31/03

14. CONGRESSIONAL DISTRICT OF:

a. Applicant: Congressman Sam Farr 17th

b. Project: 17th

15. Estimated Funding:

a. Federal	$ 20,000
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 20,000

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 PROCESSES 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. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Patrick Troy	Senior Agronomist	831/758-1469

d. Signature of Authorized Representative: Patrick Troy

e. Date Signed: 02/22/02

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: September 23, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: MISSION SPRINGS WATER DISTRICT

Organizational Unit: SAME

Address *(give city, county, State, and zip code)*: 66575 SECOND STREET, DESERT HOT SPRINGS, CA 92240

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: JOHN SOULLIERE (760)329-6448, EXT 118

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6005475

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: ECONOMIC DEVELOPMENT ADMINISTRATION

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-300

TITLE: PUBLIC WORKS AND ECONOMIC DEVELOPMENT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

"ECONOMIC ENHANCEMENT INFRASTRUCTURE PROJECT"

DEVELOPMENT OF WASTEWATER FACILITIES TO ENABLE ECONOMIC GROWTH.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: RRIVERSIDE COUNTY AND CITY OF PALM SPRINGS, CA

13. PROPOSED PROJECT

Start Date	Ending Date
10/1/03	4/1/05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 44TH

b. Project: 44TH

15. ESTIMATED FUNDING:

a. Federal	$ 2,600,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 3,600,000.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 6,200,000.00

RECEIVED SEP 25 2002 STATE CLEARING HOUSE

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

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

DATE 09/23/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
REFUJIO BOCANEGRA	GENERAL MANAGER	(760) 329-6448

d. Signature of Authorized Representative: Refujio Bocanegra

e. Date Signed: 9-23-02

California clearinghouse fax: 916-323-3018

APPLICATION FOR FEDERAL ASSISTANCE

3-0043

2. DATE SUBMITTED: June 8, 2002	Appli	
3. DATE RECEIVED BY STATE	State	
4. DATE RECEIVED BY FEDERAL AGENCY	Fede	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Pesticide Action Network North America

Organizational Unit: Pesticide Database Program

Address (give city, county, State, and zip code): 49 Powell Street #500, San Francisco, CA 94102, County of San Francisco

Name and telephone number of person to be contacted on matters involving this application (give area code): Susan Kegley 415-981-1771

RECEIVED SEP 25 2002 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2949686

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: U.S. EPA Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606

TITLE: Regional Geographic Initiative – Ag Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Internet-based Database on Pesticides: Expanding Human and Ecosystem Toxicity Data

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California and national

13. PROPOSED PROJECT

Start Date: 11-1-02 Ending Date: 12-31-03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: San Francisco

b. Project: National & California

15. ESTIMATED FUNDING:

a. Federal	$ 20,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 20,000.00

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 _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Stephen Scholl-Buckwald	Managing Director	415-981-1771

d. Signature of Authorized Representative: [signature]

e. Date Signed: June 8, 2002

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APPLICATION FOR FEDERAL ASSISTANCE

California clearinghouse fax: 916.323.3018

I-0043

2. DATE SUBMITTED: July 19, 2002

Applic

3. DATE RECEIVED BY STATE

State

4. DATE RECEIVED BY FEDERAL AGENCY

Feder

RECEIVED SEP 25 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Canopy Institute

Organizational Unit: Funders Agriculture Working Group

Address (give city, county, State, and zip code): 423 Washington St. 4th Floor, San Francisco, San Francisco County, CA, 94111

Name and telephone number of person to be contacted on matters involving this application (give area code): Jamaica Maxwell (415) 421-4213 x104

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 91-2166435

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: U.S. EPA Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FAWG: Collaborating for a Healthier Food System

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

13. PROPOSED PROJECT

Start Date: Aug 2002 Ending Date: Dec 2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 8, California

b. Project: All California districts

15. ESTIMATED FUNDING:

a. Federal (US EPA)	$ 10,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 10,000 .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 _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Carin D'Oliva

b. Title: Executive Director

c. Telephone Number: 415 421-3444

d. Signature of Authorized Representative: Carin D'Oliva

e. Date Signed: 9/12/02

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Prescribed by OMB Circular A-102

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
09/19/02

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
03SR026235

4. DATE RECEIVED:
09/19/02

GRANT NUMBER:

5. APPLICATION INFORMATION

LEGAL NAME: LOS ANGELES DEPT OF REC AND PARKS

ADDRESS *(give street address, city, state and zip code)*:
200 N Main St
Los Angeles CA 90012

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION *(give area codes)*:
NAME: Jacqueline M. Raycraft
TELEPHONE NUMBER: 3234614364
FAX NUMBER: 3239931964
INTERNET E-MAIL ADDRESS: jraycraft@rap.lacity.org

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
956000735

7. TYPE OF APPLICANT:
7a. Local Government - Municipal
7b. Local Government, Municipal

8. TYPE OF APPLICATION:
[X] NEW [ ] CONTINUATION
[ ] REVISION
If Revision, enter appropriate letter(s) in box(es): [ ] [ ]
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002
10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
LOS ANGELES PARKS RSVP

12. AREAS AFFECTED BY PROJECT *(List Cities, Counties, States, etc)*:
Los Angeles communities served: Hollywood, Los Feliz, Crenshaw, Westchester, Miracle Mile, Hancock Park, Mid-City, Westlake, Koreatown, Baldwin Hills, Lennox, and the follc

13. PROPOSED PROJECT: START DATE: 11/01/02 END DATE: 10/31/03

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	$ 141,310.00
b. APPLICANT	$ 154,804.00
c. STATE	$ 0.00
d. LOCAL	$ 0.00
e. OTHER	$ 154,804.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 296,114.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 03-SEP-02

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES if "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:
Manuel A. Mollinedo

b. TITLE:
General Manager

c. TELEPHONE NUMBER:
(213) 473-6833

d. DATE:
09/19/02

SEP 23 2002

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION

Application
- ☐ Construction
- ■ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Bay Area Air Quality Management District

Organizational Unit:

Address (give city, county, state, and zip code):
939 Ellis Street
San Francisco, CA 94109

Name and telephone number of the person to be contacted on matters involving this application (give area code) Peter Hess, Deputy Air Pollution Control Officer (415) 749-4971

6. EMPLOYER IDENTIFICATION (EIN):
94-1622746

7. TYPE OF APPLICANT: (enter appropriate letter here) G

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

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:

9. NAME OF FEDERAL AGENCY:
Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001

TITLE: Air Pollution Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Air Pollution 105 Grant Support:

Basic Grant:	$ 1,286,241
CAPCOA Pass-thru	287,764
TOTAL GRANT REQUEST	$ 1,574,005

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Counties of: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara and parts of Solano and Sonoma

13. PROPOSED PROJECT:

Start Date	End Date
10/1/02	9/30/03

14. CONGRESSIONAL DISTRICT OF:

a. Applicant: 02

b. Project: 04-13

SEP 23 2002

15. Estimated Funding:

a. Federal	$ 1,574,005.00
b. Applicant	$ 17,751,729.00
c. State	$ 1,863,870.00
d. Local	$ 13,466,000.00
e. Other	$ 1,076,000.00
f. Program Income	$
g. TOTAL	$ 35,731,604.00

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

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

DATE 9/18/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Typed Name of Authorized Representative: Ellen Garvey	b. Title: Air Pollution Control Officer	c. Telephone Number (415) 749-4970
d. Signature of Authorized Representative		e. Date Signed 9/18/02

Previous Editions Not Usable

Standard Form 424A (REV
Prescribed by OMB Circular A

UDS Number: 090780

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
August 13, 2002

Applicant Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Applicationt Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier
H80CS001: H80CS00' MCIP

5. APPLICANT INFORMATION

Legal Name:
COMMUNITY MEDICAL CENTER

Organizational Unit:

Address (give city, county, state, and zip code)
701 EAST CHANNEL STREE PO BOX 779
STOCKTON CA 952010779

Name and telephone number of the person to be contacted on matters involving this
Michael H. Kirkpatrick Chief Executive Officer
(209) 944-4705

RECEIVED
AUG 20 2002
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
1942437106A1

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
H. Independent School Dist..
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
Other: Private Non-Profit
(Specify)

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
HHS, BPHC

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

93.246	MIGRANT HEALTH PROGRAM
93.246	COMMUNITY HEALTH CENTERS
93.246	

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT
Comprehensive Primary Care Migrant and Community Health Program.

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
3, 4, 11

13. PROPOSED PROJECT:

Start Date	Ending Date
12/01/2002	11/30/2003

14. CONGRESSIONAL DISTRICTS O

a. Applicant	b. Project
11	3, 4, 11

15. ESTIMATED FUNDING:

a. Federal	$2,162,681.00
b. Applicant	$0.00
c. State	$1,392,642.00
d. Local	$685,408.00
e. Other	$422,953.00
f. Program Income	$10,330,454.00
g. TOTAL	$14,994,138.00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 08/15/2002

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

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes", attach an explanatio ☑ 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 ASSISTACE IS AWARDED.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Michael H. Kirkpatrick	Chief Executive Officer	(209) 944-4705

d. Signature of Authorized Representative	e. Date Signed
M Kirkpatrick	8/13/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: *Application* ☐ Construction ☐ Non-Construction; *Preapplication* ☒ Construction ☐ Non-Construction	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Biola Community Services District

Organizational Unit: N/A

Address *(give city, county, state, and zip code)*:
P.O. Box 57
Biola, CA 93606
Fresno County

Name and telephone number of the person to be contacted on matters involving this application *(give area code)*:
Cheryl Bellvomini, Manager
(559) 843-2657

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 4 8 9 0 8 9

7. TYPE OF APPLICANT: *(enter appropriate letter in box)* [G]
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other *(Specify)*: _____

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

If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other *(specify)*

9. NAME OF FEDERAL AGENCY:
USDA Rural Development
Rural Utilities Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0
TITLE: Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Biola Water Well #4

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
The area served by the Biola CSD in the City of Biola, Fresno County, CA

13. PROPOSED PROJECT: Start Date	Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant	b. Project
11-02	02-03	19	19

15. ESTIMATED FUNDING:	
a. Federal	$ 649,800 .00
b. Applicant	$ 0 .00
c. State	$ 0 .00
d. Local	$ 0 .00
e. Other	$ 0 .00
f. Program Income	$ 0 .00
g. TOTAL	$ 649,800 .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 9/17/02
b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

SEP 20 2002

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?
☐ YES If "Yes," attach an explanation. ☒ No

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Alfonso Rabago	Board President	(559) 843-2657
d. Signature of Authorized Representative: Alfonso Rabago		e. Date Signed: 9-16-02

Previous Editions Not Usable

AUTHORIZED FOR LOCAL REPRODUCTION

Standard Form 424 (Rev 4-88)
Prescribed by OMB Circular A-102

EF

DOT FTA

U.S. Department of Transportation Federal Transit Administration

RECEIVED
SEP 18 2002
STATE CLEARING HOUSE

Application for Federal Assistance

Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-90-Y218
Budget Number:	1 - Budget Pending Approval
Project Information:	Replace 40` CNG Buses; COP FY`03

Part 1: Recipient Information

Project Number:	CA-90-Y218
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 NORTH BARRANCA ST. SUITE 100, WEST COVINA, CA 91791 1600
Telephone:	(626) 967-2274
Facsimile:	(626) 915-1143

Union Information

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti

Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	5551
Union Name:	UNITED TRANSPORTATION UNION (UTU)
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie Mc Nelis
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755

Recipient ID:	5551
Union Name:	INTERNATIONAL BROTHERHOOD TEAMSTER
Address 1:	25 Louisiana Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	$22,024,917
Project Number:	CA-90-Y218	Adjustment Amt:	$0
Project Description:	Replace 40` CNG Buses; COP FY`03	Total Eligible Cost:	$22,024,917
Recipient Type:	City	Total FTA Amt:	$17,550,900
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	$0
Recipient Contact:	Gil Victorio 626.967.2274 x 234	Total Local Amt:	$4,474,017
New/Amendment:	None Specified	Other Federal Amt:	$0
Amend Reason:	None Specified	Special Cond Amt:	$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	- Dec. 31, 2003	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES		
		Fed. Debt	

Review Date:	None Specified	Authority?:	No
Planning Grant?:	NO	Final Budget?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Dec. 31, 2003		
Program Page:	.		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	28	David Dreier
6	31	Hilda L Solis
6	34	Grace F Napolitano
6	41	Gary G Miller

Project Details

SERVICE DESCRIPTION:

Foothill provides public transportation services to San Gabriel and Pomona Valleys in Los Angeles County, California. The organization operates 27 lines throughout the 21 cities in the Los Angeles County. The cities are Arcadia, Azuza, Baldwin Park, Bradbury, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Pomona, San Dimas, South El Monte, Temple City, Walnut and West Covina.

Within the Foothill Transit service area, there are three other transit agencies providers that are operating in the project location. The transit operators are: Metropolitan Transit Authority, Omni Trans and Montebello Bus Lines.

Foothill Transit's most unique feature is that it has no employees - both its management and operations are provided under contract to private enterprises. Administration is contracted to ATC/Forsythe and Associates. Operations and maintenance are contracted to Laidlaw Transit, Inc. and First Transit, Inc. The contractors' names, addresses, phone and fax numbers are as follows:

ATC/Forsythe & Associates
One Mid America Plaza, Suite 401
Oakbrook Terrace, IL 60181
Tel. (630) 571-7070
Fax (630) 571-6454

Laidlaw Transit Services

5360 College Blvd.
Suite 200
Overland Park, Kansas 66211
Tel. (800) 821-3451
Fax (913) 345-9974

First Transit, Inc.
705 Central Avenue
Suite 500
Cincinatti, OH 45202
Tel. (513) 241-2200
Fax (513) 381-0149

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	203	$17,350,900	$21,724,917
ACTIVITY			
11.12.01 FY03- COP PAYMENTS FOR BUSES; LA52402	160	$5,167,900	$6,459,917
11.12.01 BUY REPLACEMENT 40-FT BUS (CMAQ)	43	$12,183,000	$15,265,000
SCOPE			
119-00 BUS STOP ENHANCEMENTS, LA963526	0	$200,000	$300,000
ACTIVITY			
11.92.08 BUS STOP ENHANCEMENTS	0	$200,000	$300,000
		Estimated Total Eligible Cost:	**$22,024,917**
		Federal Share:	**$17,550,900**
		Local Share:	**$4,474,017**

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

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION

Application	Preapplication
☐ Construction	☐ Construction
■ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

Organizational Unit:
DEPARTMENT OF HEALTH SERVICES

Address (give city, county, state, and zip code):
601 NORTH SEVENTH STREET
P.O. BOX 942732
SACRAMENTO CA 94234-7320

Name and telephone number of the person to be contacted on matters involving this application (give area code)
ROBIN R HOOK (916) 323-0871

6. EMPLOYER IDENTIFICATION (EIN):

68-0317191

7. TYPE OF APPLICANT: (enter appropriate letter here) A

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

8. TYPE OF APPLICATION:

■ New ☐ Continuation ☐ Revision

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

A. Increase Award
B. Decrease Award
C. Increase Duration
D. Decrease Duration
Other Specify:

9. NAME OF FEDERAL AGENCY:

ENVIRONMENTAL PROTECTION AGENCY

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66.471

TITLE: Operator Certification Expense Reimbursement Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Drinking Water Operator Training & Certification Expense Reimbursement

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

STATEWIDE

SEP 17 2002

13. PROPOSED PROJECT:

Start Date	End Date
01-01-03	6-30-08

14. CONGRESSIONAL DISTRICT OF

a. Applicant: 1-45

b. Project: STATEWIDE

15. Estimated Funding:

a. Federal	$ 8,058,720
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 8,058,720

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

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

DATE 9/16/02

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes" attach an explanation. ■ NO

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

a. Typed Name of Authorized Representative: David Souleles, M.P.H.	b. Title: Chief Deputy Director Department of Health Services	c. Telephone Number (916) 653-9076
d. Signature of Authorized Representative		e. Date Signed

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Appl. Identifier

RECEIVED SEP 19 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:
Application: [X] Construction [X] Non-Construction
Preapplication: [ ] Construction [ ] Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Antelope Valley Transit Authority

Organizational Unit:

Address (give city, county, state, and zip code): 1031 West Avenue L-12, Lancaster, CA 93524

Name and telephone number of the person to be contacted on matters involving this application (give area code): Ron Cunningham, 661-726-2616 ext 209

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4377119

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

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

8. TYPE OF APPLICATION:
[X] New [ ] Continuation [ ] Revision

If Revision, enter appropriate letter(s) in box(es): [ ] [ ]
A. Increase Award
B. Decrease Award
C. Increase Duration
D. Decrease Duration
Other (specify):

9. NAME OF FEDERAL AGENCY: U.S. Department of Transportation, Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20.507

TITLE: Federal Transit--Formula Grants (Urbanized Area Formula Program)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Capital assistance for the purchase of 3 over-the-road commuter coaches, 3 local transit buses, 1 support vehicle, on-board security camera system for each bus, maintenance/administration equipment, the COP (lease) payments, and construction of a maintenance & administration facility.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Antelope Valley portion of northern Los Angeles County, California

13. PROPOSED PROJECT:
Start Date: 07-01-02
Ending Date: 06-30-04

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 25
b. Project: 25

15. ESTIMATED FUNDING:

a. Federal	$ 10,592,735 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 2,946,395 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 13,539,130 .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. [X] PROGRAM IS NOT COVERED BY E.O. 12372
[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] Yes If "Yes," attach an explanation. [X] No

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

a. Typed Name of Authorized Representative: William Budlong
b. Title: Executive Director
c. Telephone number: 661-726-2616
d. Signature of Authorized Representative: William Budlong
e. Date Signed: 9/19/02

Previous Editions Not Usable

Standard Form 424 (REV 4-92)
Prescribed by OMB Circular A-102

Application for Federal Assistance

	2. Date Submitted 11/15/02	Applicant Identifier
1. Type of Submission: Application: Construction Preapplication:	3. Date Received by State	State Application Identifier
	4. Date Received by Federal Agency	Federal Identifier B-03-MC-06-0003

RECEIVED
SEP 17 2002
STATE CLEARING HOUSE

5. Applicant Information	
Legal Name City of Sacramento	Organizational Unit Sacramento Housing and Redevelopment Agency
Address 630 I Street Sacramento, CA 95814 Sacramento	Contact Christine Groth Weichert 916 440 1322
6. Employer Identification Number (EIN): 946028238	7. Type of Applicant: Municipal
8. Type of Application: Type: Continuation	9. Name of Federal Agency: U. S. Dept. of Housing & Urban Development
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.218 Assistance Title: Community Development Block Grant	11. Descriptive Title of Applicant's Project: 2003 Community Development Block Grant Projects
12. Areas Affected by Project: City of Sacramento	

13. Proposed Project:		14. Congressional Districts of:	
Start Date	End Date	a. Applicant	b. Project
01/01/03	12/31/03	3rd, 4th, 5th, 11th	3rd, 4th, 5th, 11th

15. Estimated Funding:	16. Is Application Subject to Review by State Executive Order 12372 Process?
a. Federal $7,095,000	Review Status: Program covered
b. Applicant $0	Date: 09/17/02
c. State $0	
d. Local $0	17. Is the Applicant Delinquent on Any Federal Debt?
e. Other $0	No
f. Program Income $1,774,767	
g. Total $ 8,869,767	

18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Anne M. Moore	Executive Director	916 440-1333
d. Signature of Authorized Representative		e. Date Signed
		09/16/02

Application for Federal Assistance

	2. Date Submitted: 11/15/02	Applicant Identifier: CDBG 26
1. Type of Submission: Application: Construction; Preapplication: Not Applicable	3. Date Received by State	State Application Identifier
	4. Date Received by Federal Agency	Federal Identifier: B-03-UC-06-0005

RECEIVED SEP 17 2002 STATE CLEARING HOUSE

5. Applicant Information

Legal Name: County of Sacramento	Organizational Unit: Sacramento Housing and Redevelopment Agency
Address: 630 I Street, Sacramento, CA 95814; Sacramento	Contact: Christine Groth Weichert, 916 440-1322
6. Employer Identification Number (EIN): 96028238	7. Type of Applicant: County
8. Type of Application: Type: Continuation	9. Name of Federal Agency: U.S. Dept. of Housing and Urban Development
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.218; Assistance Title: Community Development Block Grant	11. Descriptive Title of Applicant's Project: 2003 Community Development Block Grant Projects
12. Areas Affected by Project: County of Sacramento	

13. Proposed Project:		14. Congressional Districts of:	
Start Date: 01/01/03	End Date: 12/31/03	a. Applicant: 3rd, 4th, 5th, 11th	b. Project: 3rd, 4th, 5th, 11th

15. Estimated Funding:	16. Is Application Subject to Review by State Executive Order 12372 Process?
a. Federal: $8,526,000	Review Status: Program covered
b. Applicant: $0	Date: 09/17/02
c. State: $0	
d. Local: $0	17. Is the Applicant Delinquent on Any Federal Debt? No
e. Other: $0	
f. Program Income: $1,820,606	
g. Total: $ 10,346,606	

18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
ANNE M. MOORE	Executive Director	916 440-1333
d. Signature of Authorized Representative		e. Date Signed: 09/16/02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 09/13/2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Preapplication
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Los Angeles Shanti Foundation, Inc.

Organizational Unit:

Address *(give city, county, state, and zip code)*:
1616 N. La Brea Ave.
Los Angeles, CA 90028

Name and telephone number of the person to be contacted on matters involving this application *(give area code)*:
Marc W. Haupert, Executive Director
(323) 962-8197

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-3911801

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other *(Specify)*: Not-for-profit

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

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

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

9. NAME OF FEDERAL AGENCY:

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

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Sharing Lessons Learned from HIV Prevention Programs

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
Los Angeles County, California

13. PROPOSED PROJECT:

Start Date	Ending Date
11/01/2002	06/30/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
District 29	District 29

15. ESTIMATED FUNDING:

a. Federal	$	25,000.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	24,939.00
f. Program Income	$	.00
g. TOTAL	$	49,939.00

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 STATE FOR REVIEW

SEP 16 2002

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Ximena Morgan	Assoc. Dir. Evaluation & Research	(323) 962-8197

d. Signature of Authorized Representative	e. Date Signed
	09/13/2002

Willmore Mentoring Project
Long Beach, California

Application for Federal Education Assistance (ED 424)

U.S. **Department of Education**

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Willmore Urban Agency

Organizational Unit

Address: 507 Pacific Avenue

Long Beach (City) CA (State) Los Angeles (County) 90802 - (ZIP Code + 4)

2. Applicant's D-U-N-S Number | | pending | | | |

3. Applicant's T-I-N | 9 | 5 | - | 4 | 5 | 7 | 5 | 5 | 2 | 0 |

4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |

Title: Department of Education Mentoring Programs

5. Project Director: Paula Ferris

Address: 507 Pacific Avenue

Long Beach (City) CA (State) 90802 (Zip code + 4)

Tel. #: (562-) 437-1289 Fax #: (562-) 437 - 1710

E-Mail Address: revpaf@charter.net

6. Novice Applicant ✓ Yes ___ No

7. Is the applicant delinquent on any Federal debt? ___ Yes ✓ No
(If "Yes," attach an explanation.)

8. Type of Applicant *(Enter appropriate letter in the box.)* | I |

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (*Specify*):

SEP 16 2002

Application Information

9. Type of Submission:

-PreApplication	*-Application*
___ Construction	___ Construction
___ Non-Construction	✓ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
x Yes (*Date made available to the Executive Order 12372 process for review*): 7 / 2 / 2002

___ No *(If "No," check appropriate box below.)*
___ Program is not covered by E.O. 12372.
___ Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 02 (**Start Date:**) 9 / 30 / 05 (**End Date:**)

12. Are any research activities involving human subjects planned at any time during the proposed project period?
___ Yes (Go to 12a.) ✓ No (Go to item 13.)

12a. Are **all** the research activities proposed designated to be exempt from the regulations?
___ Yes (Provide Exemption(s) #): _____

___ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:
Youth Mentoring Program in Long Beach, CA

Estimated Funding

14a. Federal	$ 390,141.00
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 390,141.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (*Please type or print name clearly.*) **Paula Ferris**

b. Title: **Executive Director**

c. Tel. #: (562-) **437-1289** Fax #: (562-) 437 - 1710

d. E-Mail Address: E-Mail Address: revpaf@charter.net

e. **Signature of Authorized Representative** Paula A Ferris

Date: 7 / 2 / 02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: [ ] Construction [ ] Non-Construction; Preapplication: [ ] Construction [X] Non-Construction	2. DATE SUBMITTED 10/30/2001	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Neighborhood House of Calexico

Organizational Unit: Private Non-Profit Organiz

Address (give city, county, state, and zip code):
506 4TH. St.
Calexico, Calif., 92231

Name and telephone number of person to be contacted on matters involving this application (give area code)
Ricardo Ortega
(760) 357-6875

6. EMPLOYER IDENTIFICATION (EIN): 95-1782324

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

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

8. TYPE OF APPLICATION:
[ ] New [X] Continuation [ ] Revision

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

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

9. NAME OF FEDERAL AGENCY:
United States Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.769

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Calexico Neighborhood House Micro-Business Support Services

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

13. PROPOSED PROJECT
Start Date: 01/01/02
Ending Date: 12/31/02

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 52nd
b. Project: 52nd

15. ESTIMATED FUNDING

a. Federal	$ 399,962	.00
b. Applicant	$ 6,000	.00
c. State	$	.00
d. Local	$	.00
e. Other In kind	$ 30,000	.00
f. Program Income	$ 14,184	.00
g. Total	$ 450,146	.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 (Attach explanation) [X] NO

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

a. Type Name of Authorized Representative: Ricardo Ortega	b. Title: Executive Director	c. Telephone Number: (760) 357-6875
d. Signature of Authorized Representative: Ricardo Ortega		e. Date Signed: Oct. 31, 2001

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SEP 16 2002

STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	August 30, 2002
Applicant Identifier	
3. DATE RECEIVED BY STATE	
State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	
Federal Identifier	

1. TYPE OF SUBMISSION:

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

Preapplication
- [ ] Construction
- [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Visalia

Organizational Unit: Visalia Municipal Airport

Address *(give city, county, state and zip code)*:
707 West Acequia
Visalia, Tulare County
California 93291

Name and telephone number of the person to be contacted on matters involving this application *(give area code)*
Mario Cifuentez II
559-713-4480

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 0 4 4 9

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

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

8. TYPE OF APPLICATION:
[x] New [ ] Continuation [ ] Revision

If Revision, enter appropriate letter(s) in box(es): [ ] [ ]
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other *(specify)*:

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 1 0 6

TITLE: Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
See Page 2 of Standard Form 424

12 AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
County of Tulare

SEP 16 2002

13. PROPOSED PROJECT:

Start Date	Ending Date
2002	2003

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 19
b. Project 21

15. ESTIMATED FUNDING:

a. Federal	$ 5,763,600 .00
b. Applicant	$ 640,400 .00
c. State	0 .00
d. Local	$ 0 .00
e. Other	$ 0 .00
f. Program Income	$ 0 .00
g. TOTAL	$ 6,404,000 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES THIS PREPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 9/5/02
b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372
[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] Yes If "Yes," attach an explanation [X] No

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

a. Typed Name of Authorized Representative: Mario Cifuentez II
b. Title: Airport Superintendent
c. Telephone Number: 559-713-4480
d. Signature of Authorized Representative: Mario Cifuentez II
e. Date Signed: 9.9.02

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

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application ☐ Construction ■ Non-Construction	Preapplication ☐ Construction ☐ Non-Construction	**2. DATE SUBMITTED** / Applicant Identifier
		3. DATE RECEIVED BY STATE / State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY / Federal Identifier

RECEIVED SEP 16 2002 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name:
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

Organizational Unit:
DEPARTMENT OF HEALTH SERVICES

Address (give city, county, state, and zip code):
601 NORTH SEVENTH STREET
P.O. BOX 942732
SACRAMENTO CA 94234-7320

Name and telephone number of the person to be contacted on matters involving this application (give area code)
ROBIN R HOOK (916) 323-0871

6. EMPLOYER IDENTIFICATION (EIN):

68-0317191

7. TYPE OF APPLICANT: (enter appropriate letter here) A

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

8. TYPE OF APPLICATION:

■ New ☐ Continuation ☐ Revision

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

A. Increase Award
B. Decrease Award
C. Increase Duration
D. Decrease Duration
Other Specify:

9. NAME OF FEDERAL AGENCY:

ENVIRONMENTAL PROTECTION AGENCY

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66.471

TITLE: Operator Certification Expense Reimbursement Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Drinking Water Operator Training & Certification Expense Reimbursement

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

STATEWIDE

13. PROPOSED PROJECT:

Start Date	End Date
01-01-03	6-30-08

14. CONGRESSIONAL DISTRICT OF

a. Applicant: 1-45
b. Project: STATEWIDE

15. Estimated Funding:

a. Federal	$ 8,058,720
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 8,058,720

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

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

DATE 9/16/02

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes" attach an explanation. ■ NO

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

a. Typed Name of Authorized Representative: David Souleles, M.P.H.	b. Title: Chief Deputy Director Department of Health Services	c. Telephone Number (916) 653-9076
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

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

RECEIVED SEP 16 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION

Application
- ☐ Construction
- ■ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

Organizational Unit:
DEPARTMENT OF HEALTH SERVICES

Address (give city, county, state, and zip code):
601 NORTH SEVENTH STREET
P.O. BOX 942732
SACRAMENTO CA 94234-7320

Name and telephone number of the person to be contacted on matters involving this application (give area code)
ROBIN R HOOK (916) 323-0871

6. EMPLOYER IDENTIFICATION (EIN):

68-0317191

7. TYPE OF APPLICANT: (enter appropriate letter here) A

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

8. TYPE OF APPLICATION:

■ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:

9. NAME OF FEDERAL AGENCY:

ENVIRONMENTAL PROTECTION AGENCY

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66.471

TITLE: Operator Certification Expense Reimbursement Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Drinking Water Operator Training & Certification Expense Reimbursement

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

STATEWIDE

13. PROPOSED PROJECT:

Start Date	End Date
01-01-03	6-30-08

14. CONGRESSIONAL DISTRICT OF

a. Applicant: 1-45

b. Project: STATEWIDE

15. Estimated Funding:

a. Federal	$ 8,058,720
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 8,058,720

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

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

DATE 9/16/02

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes" attach an explanation. ■ NO

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

a. Typed Name of Authorized Representative: David Souleles, M.P.H.	b. Title: Chief Deputy Director Department of Health Services	c. Telephone Number (916) 653-9076
d. Signature of Authorized Representative		e. Date Signed

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