Type to the left of dotted line.

COVER SHEET for FEDERAL GRANT APPLICATION/AWARD NOTIFICATION and other Project Reviews – STATE OF CALIFORNIA

1 APPLICATION DATE (yr mo day): 19 75 08 29

2 FEDERAL EMPLOYER ID NO.: 946050299

ITEMS 1-31 TO BE COMPLETED BY APPLICANT

APPLICANT – Organizational Unit: CITY OF HALF MOON BAY

4. ADDRESS – Street or P. O. Box: P.O. BOX 67

CITY: HALF MOON BAY

6. COUNTY: SAN MATEO

7. STATE: CA

8. ZIP CODE: 94019

9. PROG TITLE/NO. (Catalog of Fed Domestic Assistance): 66418 CONSTRUCTION GRANTS

TYPE OF ACTION: a [X] New c [ ] Modification; b [ ] Continuation

TYPE OF CHANGE (Complete if 10b or 10c was checked): 11. a [ ] Increased Dollars, b [ ] Decreased Dollars; 12. a [ ] Increased Duration, b [ ] Decreased Duration; 13. a [ ] Other Scope Change, b [ ] Cancellation

14. EXISTING FED GRANT ID: 75D-1022

REQUESTED FUND START (yr mo): 19 76 04

FUNDS DURATION: 06 (Months)

EST. PROJECT START (yr mo): 19 76 04

EST. PROJECT DURATION: 06 (Months)

19. APPLICANT TYPE — Enter Letter: E

A. State; B. Interstate; C. Sub State Dist; D. County; E. City; F. School District; G. Community Action Agency; H. Sponsored Organization; I. Indian; J. Other (Specify in Remarks)

FUNDS REQUESTED (For Changes Show Only Amt. of Inc.(+) or Dec.(-))

20. FEDERAL	( ) $	675,000 .00
21. STATE	( ) $	112,500 .00
22. LOCAL	( ) $	112,500 .00
23. OTHER	( ) $	-0- .00
24. TOTAL (20, 21, 22, 23)	( ) $	900,000 .00

BRIEF TITLE OF APPLICANT'S PROJECT: SAN MATEO COUNTY MID-COASTSIDE PROJECT

DESCRIPTION OF APPLICANT'S PROJECT (Purpose):
TO DESIGN JAOINT SEWAGE TRANSMISSION, TREATMENT, AND DISPOSAL FACILITIES FOR CITY OF HALF MOON BAY, GRANADA SANITARY DISTRICT, AND MONTARA SANITARY DISTRICT.
Step II grant application.

AREA OF PROJECT IMPACT (Indicate City, County, State, etc.): ~~CITY OF~~ HALF MOON BAY, ~~AND~~ SAN MATEO COUNTY

STATE-WIDE [ ] Yes [X] No; COUNTY-WIDE [ ] Yes [X] No; MULTI COUNT [ ] Yes [X] No

CONGRESSIONAL DISTRICT — Of Applicant: 11; Districts Impacted By Project:

29. Environmental Assessment Required By State/Federal Agency? [X] Yes [ ] No

30. CLEARINGHOUSE(S) TO WHICH SUBMITTED: a [X] State b [X] Area Wide c [ ] None

a NAME/TITLE OF CONTACT PERSON: A. L. DITMAN, CHIEF PLANT OPERATOR

b ADDRESS – Street or P. O. Box: P.O. BOX 67 HALF MOON BAY, CA. 94019

c TELEPHONE NO.: 415/726 2352

d IS ENVIRONMENTAL DOCUMENT REVIEW REQUIRED YES [X] NO [ ]
If Yes [X] Environmental Impact Statement (Report) Attached (20 copies)
[X] Draft EIR [ ] Final EIR
[ ] Negative Declaration Attached (20 copies)
[ ] None attached - Document Will Be Forwarded On
Approximately ____ (Mon Day Year)
If No [ ] Federal Program Does Not Require An Environmental Document
[ ] Project Exempt Under State Categorical Exemption, Class ____

e Will the project require relocation? YES [ ] NO [X]

f Does your agency have a civil rights affirmative action policy and plan? YES [X] NO [ ]

g Is project covered by A-95, Pt IV? YES [ ] NO [X]
If yes, is MOA executed? YES [ ] NO [ ]

h If project is physical in nature or requires an environmental document, list the U. S. Geologic Survey Quadrangle map in which the project is located.
HALF MOON BAY ✓
MONTARA MOUNTAIN ✓

ITEMS 32-38 TO BE COMPLETED BY CLEARINGHOUSE

CLEARINGHOUSE ID: 300

MULTIPLE CLEARINGHOUSE: 09

a ACTION BASED ON REVIEW OF: a [X] Notification; b [ ] Application

33. b ACTION TAKEN: a [✓] With Comment; b [ ] Without Comment; c [ ] Waived; d [ ] Unfavorable

34. STATE APPLICATION IDENTIFIER (SAI): State C A; Number 75090184 1

CLEARINGHOUSE IMPACT CODE: STATE WIDE [ ] Yes [X] No; County/City Plng Area: 41 1530

STATE PLAN REQUIRED [ ] Yes [X] No

37. RECEIVING DATE AT CLEARINGHOUSE (yr mo day): 19 75 08 04

38. FINAL CH ACTION DATE (yr mo day): 19 75 10 22

38. a SIGNATURE OF CH OFFICIAL: William G. Robbins

ITEMS 39-42 TO BE COMPLETED BY APPLICANT BEFORE SENDING FORM TO FEDERAL AGENCY

CERTIFICATION – The applicant certifies that to the best of his knowledge and belief the above data are true and correct and filing of this form has been duly authorized by the governing body of the applicant.

Check box if clearinghouse response is attached. [ ]

a NAME (Print or Type): W. Fred Mortensen

b TITLE: City Manager

c SIGNATURE of Authorized Representative: W. F. Mortensen

d TELEPHONE NUMBER: 415/726 5566

DATE MAILED TO FEDERAL/STATE AGENCY (yr mo day): 19 75 08 29

42. NAME OF FEDERAL / STATE AGENCY TO WHICH THIS APPLICATION SUBMITTED: SWRQCB

ITEMS 43-54 TO BE COMPLETED BY FEDERAL OFFICE EVALUATING AND RECOMMENDING ACTION ON THE APPLICATION

GRANT APPLICATION ID (Assigned by Federal Agency)

GRANTOR AGENCY

ORGANIZATIONAL UNIT

ADMINISTERING OFFICE

52. Application Rec'd. (yr mo day): 19 ___

53.a Exp. Action Date (yr mo day): 19 ___

Always Complete 53.a OR b

53.b Ret. to Applicant (yr mo day): 19 ___

REVISIONS — Amended Applic. Received (yr mo day): 19 ___ 19 ___ 19 ___

REVISIONS — Rev. Expected Action Date (yr mo day): 19 ___ 19 ___ 19 ___

54. Exp. Action Revised As Of (yr mo day): 19 ___ 19 ___ 19 ___

REVISIONS — Subsequent Ret. to Applicant (yr mo day): 19 ___ 19 ___ 19 ___

ADDRESS – Street or P. O. Box | 48. CITY | 49. STATE | 50. ZIP CODE | 51. TELEPHONE NUMBER

ITEMS 55-65 TO BE COMPLETED BY THE FEDERAL OFFICE APPROVING THE GRANT APPLICATION

FINAL ACTION: a [ ] Awarded b [ ] Rejected c [ ] Withdrawn

FINAL DATES (yr mo day): FUNDS AVAILABLE 19 ___; ENDING DATE 19 ___

FEDERAL GRANT ID

FEDERAL FUND ACCOUNT NUMBER

FUNDS APPROVED [For Changes Show Only Amt. of Inc. (+) or Dec. (-).]

60. FEDERAL AMOUNT (F Y____ funds)	( ) $	.00
61. STATE SHARE	( ) $	.00
62. LOCAL SHARE	( ) $	.00
63. OTHER	( ) $	.00
64. TOTAL (60, 61, 62, 63)	( ) $	.00

65. MULTIPLE PROGRAM-LINK