Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse April 1 - 15, 2015. 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:  
  □ Preapplication  
  □ Application  
  □ Changed/Corrected Application

* 2. Type of Application:  
  □ New  
  □ Continuation  
  □ Revision  
  * If Revision, select appropriate letter(s):

* 3. Date Received:  
  September 30, 2014

4. Applicant Identifier:

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

State Use Only:

6. Date Received by State:  

7. State Application Identifier:  
   APR 01 2015

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:

* Street1:  
  Office of Research - Sponsored Programs

Street2:  
  1850 Research Park Drive, Suite 300

* City:  
  Davis

County:  

* State:  
  California

Province:  

* Country:  
  USA: UNITED STATES

* Zip / Postal Code:  
  95618-6513

e. Organizational Unit:

Department Name:  
  Animal Science

Division Name:  

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

Prefix:  
  Dr.

* First Name:  
  Amanda

Middle Name:  
  Joyce

* Last Name:  
  Finger

Suffix:  

Title:  
  Assistant Project Scientist

Organizational Affiliation:

Department of Animal Science, UC Davis

* Telephone Number:  
  (530) 752-6351

Fax Number:  
  530-752-0175

* Email:  
  ajfinger@ucdavis.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - Public/State Controlled Institution of Higher Learning

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
    15.564

CFDA Title:

** Central Valley Project Conservation Program **

12. Funding Opportunity Number:
    R14AS00050

* Title:

   Central Valley Project Conservation Program and CVPIA Habitat Restoration Program

13. Competition Identification Number:

Title:

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

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

   Environmental DNA assays for listed vernal pool branchiopods and biodiversity assessment: Applications for range-wide surveys and conservation prioritization

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

18. Congressional Districts Of:
   a. Applicant CA-003
   b. Program/Project CA-003

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

17. Proposed Project:
   a. Start Date: 10/01/2015
   b. End Date: 12/31/2018

18. Estimated Funding ($):
   a. Federal $322,626
   b. Applicant 0.00
   c. State 0.00
   d. Local 0.00
   e. Other
   f. Program Income 0.00
   g. TOTAL $322,626

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 4/01/2016.
   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 21E, 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: Pattison
Suffix:

* Title: Contract and Grants Officer
* Telephone Number: 530-754-7700  Fax Number: 530-752-0333
* Email: rpattison@ucdavis.edu

* Signature of Authorized Representative: [Signature]  * Date Signed: 3/31/15
* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
Application for Federal Assistance SF-424

1. Type of Submission
   - Preapplication
   - Application
   - Changed/Corrected Application

2. Type of Application
   - New
   - Continuation
   - Revision
   - Other (Specify)

If Revision, select appropriate letter(s):

3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

RECEIVED

6. Date Received by State:

7. State Application Identifier:

APR 1 2015

8. APPLICANT INFORMATION:
   - Legal Name: The Regents of the University of California
   - Employer/Taxpayer Identification Number (EIN/TIN): 956006142W
   - Organizational DUNS: 62-779-7426

9. Address:
   - Street 1: Sponsor Program Administration
   - Street 2: 200 University Office Building
   - City: Riverside
   - State: CA
   - Province: USA
   - Country: USA
   - Zip/Postal Code: 92521-0217

10. Organizational Unit:
    - Department Name: Plant Pathology & Microbiology
    - Division Name: College of Natural and Agricultural Sciences

11. Name and contact information of person to be contacted on matters involving this application:
    - Prefix: Ms.
    - First Name: Frosina
    - Middle Name:
    - Last Name: Al Zgoul
    - Suffix:
    - Title: Senior Contract & Grant Officer

Organizational Affiliation:

Telephone Number: (951)827-4968
Fax Number: (951)827-4483
Email: frosina.alzgoul@ucr.edu
**Application for Federal Assistance SF-424**

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

**Type of Applicant 2: Select Applicant Type:**

   - 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:**

   Huanglongbing (HLB) Multi-Agency Coordination Project (MAC)

13. Competition Identification Number:

   **Title:**

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

   N/A

15. Descriptive Title of Applicant’s Project:

   Standardization of Antibody-based Early HLB Detection Methods for Near-term Applications

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: CA-041
   *b. Program/Project:

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

17. Proposed Project:
   *a. Start Date: 01/01/2015
   *b. End Date: 12/31/2016

18. Estimated Funding ($):
   *a. Federal: $428,154.00
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL: $428,154.00

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 4/1/2015
   □ 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: Frosina

Middle Name:

*Last Name: Al Zgoûl

Suffix:

*Title: Senior Contract & Grant Officer

*Telephone Number: (951)827-4968  Fax Number: (951)827-4483
*Email: frosina.alzouli@ucr.edu

*Signature of Authorized Representative:  Date Signed: 4/1/2015
Application for Federal Assistance SF-424

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
Application for Federal Assistance SF-424

1. Type of Submission
   - Preapplication
   - Application
   - Changed/Corrected Application

2. Type of Application
   - New
   - Continuation
   - Revision

3. Date Received:

4. Application Identifier:
   3-06-0098-23

5a. Federal Entity Identifier:
   3-08-0098

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: City of Hanford

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      94-6000345

   c. Organizational DUNS:

   d. Address:
      - Street 1: 900 S. 10th Avenue
      - Street 2:
      - City: Hanford
      - County: Kings
      - State: California
      - Country: USA

   e. Organizational Unit:
      - Department Name: Hanford Community Development
      - Division Name: Airports

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mr.
      - Middle Name:
      - Last Name: Doyel
      - Suffix:
      - First Name: Johnathan
      - Title: Deputy Public Works Director
      - Organizational Affiliation: City of Hanford

   * Telephone Number: (559) 585-2571
   * Fax Number:
   * Email: jdoyle@ci.hanford.ca.us
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:
- Select One -

Type of Applicant 3: Select Applicant Type:
- Select One -
* 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: 3-06-0098-23
Title: Taxiway Pavement Rehabilitation Phase 1 Construction

13. Competition Identification Number:
Title:

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

* 15. Descriptive Title of Applicant's Project:
Taxiway Pavement Rehabilitation, Phase 1 Construction

Attach supporting documents as specified in agency instructions.
**Application for Federal Assistance SF-424**

16. Congressional Districts Of:
   *a. Applicant: 20
   *b. Program/Project: 20
   Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
   *a. Start Date: 06/01/2015
   *b. End Date: 11/30/2015

18. Estimated Funding ($):
   *a. Federal  477,500.00
   *b. Applicant
   *c. State
   *d. Local  47750
   *e. Other
   *f. Program Income
   *g. TOTAL  525,250.00

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 03/31/2015
   - [ ] 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 on next page.)
   - [ ] 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:  Johnathan

Middle Name:  
*Last Name:  Doyel

SUFFIX:

*Title:  Deputy Public Works Director

*Telephone Number:  (559) 585-2571  
Fax Number:  

*Email:  jdoyl@ci.hanford.ca.us

*Signature of Authorized Representative:  
*Date Signed:  
Application for Federal Assistance SF-424

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>* 2. Type of Application:</th>
<th>* If Revision, select appropriate letter(s):</th>
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<tr>
<td>Preapplication</td>
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<tr>
<td>Application</td>
<td>Continuation</td>
<td>Other (Specify)</td>
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<td>Changed/Corrected Application</td>
<td>Revision</td>
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<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
<th>Completed by Grant.gov upon submission:</th>
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5a. Federal Entity Identifier: 5b. Federal Award Identifier: F15AS00092

**State Use Only:**
6. Date Received by State: 7. State Application Identifier: 81998055

**8. APPLICANT INFORMATION:**

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<thead>
<tr>
<th>a. Legal Name:</th>
<th>STATE OF CALIFORNIA</th>
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<tbody>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>94-1697567</td>
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<tr>
<td>c. Organizational DUNS:</td>
<td>808323380000</td>
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<tr>
<th>d. Address:</th>
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<td>Street2:</td>
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<tr>
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<td>* Country:</td>
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<td>Zip / Postal Code:</td>
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<tr>
<th>e. Organizational Unit:</th>
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<tr>
<td>Department Name:</td>
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<tr>
<td>Division Name:</td>
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<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
</tr>
<tr>
<td>Middle Name:</td>
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<tr>
<td>* First Name:</td>
</tr>
<tr>
<td>Last Name:</td>
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<tr>
<td>Suffix:</td>
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<tr>
<td>Title:</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
</tr>
</tbody>
</table>

<p>| Telephone Number: | (916)445-3694 |
| Fax Number: | (916)327-6320 |
| Email: | <a href="mailto:steve.wong@wildlife.ca.gov">steve.wong@wildlife.ca.gov</a> |</p>
<table>
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<tr>
<th>Section</th>
<th>Answer</th>
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<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
<td>A: State Government</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<tr>
<td>* Other (specify):</td>
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<tr>
<td>10. Name of Federal Agency:</td>
<td>Fish and Wildlife Service</td>
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<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>15.605</td>
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<tr>
<td>CFDA Title:</td>
<td>Sport Fish Restoration Program</td>
</tr>
<tr>
<td>* 12. Funding Opportunity Number:</td>
<td>P15A030092</td>
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<tr>
<td>* Title:</td>
<td>46 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
<td></td>
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<tr>
<td>Title:</td>
<td></td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>California coastal counties from the California-Oregon border to the California-Mexico border.</td>
</tr>
<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
<td>ESSENTIAL FISHERY INFORMATION- NFI</td>
</tr>
</tbody>
</table>

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant: CA-6
   * b. Program/Project: CA-ALL

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal: 484,268.00
   * b. Applicant: 0.00
   * c. State: 161,423.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 645,691.00

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 04/01/2015.
   □ 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   [Explanation]

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 1901)

   □ ** 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: BLAINE
Middle Name:   
Last Name: NICKENS
SUFFIX:   
Title: CHIEF, GRANTS MANAGEMENT BRANCH
Telephone Number: (916) 445-9300    Fax Number: *(916) 327-6320
Email: blaine.nickens@wildlife.ca.gov

* Signature of Authorized Representative:  
* Date Signed:  

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,600. Try and avoid extra spaces and carriage returns to maximize the availability of space.
Project Narrative File(s)

* Mandatory Project Narrative File Filename: 01598055 Essential Fishery Final.docx

Add Mandatory Project Narrative File  Delete Mandatory Project Narrative File  View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File  Delete Optional Project Narrative File  View Optional Project Narrative File
Budget Narrative File(s)

* Mandatory Budget Narrative Filename: 21598055_Budget.xlsx

Add Mandatory Budget Narrative | Delete Mandatory Budget Narrative | View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative | Delete Optional Budget Narrative | View Optional Budget Narrative
Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>1. Type of Submission</th>
<th>2. Type of Application</th>
<th>If Revision, select appropriate letter(s):</th>
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<tbody>
<tr>
<td>Preapplication</td>
<td>New</td>
<td>Select One</td>
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<td>Application</td>
<td>Continuation</td>
<td>Other (Specify)</td>
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<td>Changed/Corrected Application</td>
<td>Revision</td>
<td></td>
</tr>
</tbody>
</table>

*3. Date Received:*

4. Application Identifier:

5a. Federal Entity Identifier:  

* 5b. Federal Award Identifier:*

6. Date Received by State:  

7. State Application Identifier:

8. APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th>a. Legal Name: California Highway Patrol</th>
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<tbody>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2257827</td>
</tr>
<tr>
<td>c. Organizational DUNS: 878883107</td>
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</tbody>
</table>
| d. Address:  
  - Street 1: 601 North 7th Street  
  - City: Sacramento  
  - County: Sacramento  
  - State: CA  
  - Province:  
  - Country: USA  
  - Zip/Postal Code: 95811 |
| e. Organizational Unit:  
  - Department Name: California Highway Patrol  
  - Division Name: Administrative Services Division, |

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

| Prefix:  
| Middle Name: E.  
| Last Name: Lamm  
| Suffix:  
| Title: Lieutenant  
| Organizational Affiliation: |

* Telephone Number: (916) 843-3514  
Fax Number: (916) 322-3161  
Email: dlamm@chp.ca.gov
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>*9. Type of Applicant 1: Select Applicant Type:</th>
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<tr>
<td>A. State Government</td>
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<th>* 10. Name of Federal Agency:</th>
<th>Department of Justice, Office of Justice Programs</th>
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<th>11. Catalog of Federal Domestic Assistance Number:</th>
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<th>CFDA Title:</th>
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<th>*12. Funding Opportunity Number:</th>
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<th>Title:</th>
<th>Justice and Mental Health Collaboration Program FY 2015 Competitive Grant Announcement</th>
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<th>13. Competition Identification Number:</th>
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<th>Title:</th>
<th>Justice and Mental Health Collaboration Program FY 2015 Competitive Grant Announcement</th>
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<tr>
<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
<th>State of California, 58 counties</th>
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<table>
<thead>
<tr>
<th>* 15. Descriptive Title of Applicant’s Project:</th>
<th>California Highway Patrol, Bridging the Gap Collaborative Effort</th>
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*Attach supporting documents as specified in agency instructions.*
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: CA-005
   *b. Program/Project: All

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

17. Proposed Project:
   *a. Start Date: 10/01/2015
   *b. End Date: 09/30/2017

18. Estimated Funding ($):
   *a. Federal
   200,000.00
   *b. Applicant
   *c. State
   50,000.00
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL
   250,000.00

*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 04/02/2015
   ☐ 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 on next page.)
   ☐ 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: I
Middle Name: A.
*Last Name: Farrow
Suffix:
*Title: Commissioner

*Telephone Number: (916) 843-3000 Fax Number: (916) 322-3161
*Email: jfarrow@chp.ca.gov

*Signature of Authorized Representative: *Date Signed: 04/03/2015
Application for Federal Assistance SF-424

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
**Application for Federal Assistance SF-424**

**Version 02**

<table>
<thead>
<tr>
<th><strong>1. Type of Submission:</strong></th>
<th><strong>2. Type of Application:</strong></th>
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<td>Preapplication</td>
<td>New</td>
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<tr>
<td>Application</td>
<td>Continuation</td>
<td>* Other (Specify)</td>
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<tr>
<td>Changed/Corrected Application</td>
<td>Revision</td>
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<td>F155600032</td>
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**State Use Only:**

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<th><strong>6. Date Received by State:</strong></th>
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<td>01598064</td>
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**8. APPLICANT INFORMATION:**

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<tr>
<th><strong>a. Legal Name:</strong></th>
<th><strong>b. Employer/Taxpayer Identification Number (EIN/TIN):</strong></th>
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<tr>
<td>STATE OF CALIFORNIA</td>
<td>94-1697567</td>
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<th><strong>c. Organizational DUNS:</strong></th>
<th><strong>d. Address:</strong></th>
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<tbody>
<tr>
<td>8083223580000</td>
<td>1416 9TH STREET</td>
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<tr>
<td></td>
<td>STATE CLEARING HOUSE</td>
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</tbody>
</table>

<table>
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<th><strong>e. Address:</strong></th>
<th><strong>State:</strong></th>
<th><strong>Province:</strong></th>
<th><strong>Country:</strong></th>
<th><strong>Zip / Postal Code:</strong></th>
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<td>1416 9TH STREET</td>
<td>SACRAMENTO</td>
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<td>CA: California</td>
<td>95814</td>
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</table>

<table>
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<tr>
<th><strong>f. Name and contact information of person to be contacted on matters involving this application:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prefix:</strong> Mr.</td>
</tr>
<tr>
<td><strong>First Name:</strong> STEVE</td>
</tr>
<tr>
<td><strong>Middle Name:</strong></td>
</tr>
<tr>
<td><strong>Last Name:</strong> WONG</td>
</tr>
<tr>
<td><strong>Title:</strong> GRANTS ADMINISTRATOR</td>
</tr>
<tr>
<td><strong>Organizational Affiliation:</strong></td>
</tr>
<tr>
<td><strong>Telephone Number:</strong> (916) 445-3694</td>
</tr>
<tr>
<td><strong>Fax Number:</strong> (916) 327-6320</td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:steve.wong@wildlife.ca.gov">steve.wong@wildlife.ca.gov</a></td>
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</tbody>
</table>
**Application for Federal Assistance SF-424**

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<tr>
<th>Field</th>
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<td>9. Type of Applicant 2: Select Applicant Type:</td>
<td></td>
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<tr>
<td>9. Type of Applicant 3: Select Applicant Type:</td>
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<tr>
<td>* Other (specify):</td>
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</tr>
<tr>
<td>10. Name of Federal Agency:</td>
<td>Fish and Wildlife Service</td>
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<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>15.605</td>
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<tr>
<td>CFDA Title:</td>
<td>Sport Fish Restoration Program</td>
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<td>* 12. Funding Opportunity Number:</td>
<td>P15AS00052</td>
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<tr>
<td>* Title:</td>
<td>88 (CA/EV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
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<td>13. Competition Identification Number:</td>
<td></td>
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<tr>
<td>Title:</td>
<td></td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>Statewide</td>
</tr>
<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
<td>Steelhead Management and Research Program</td>
</tr>
</tbody>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant  CA-6  
   * b. Program/Project  CA-ALL

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

17. Proposed Project:
   * a. Start Date: 07/01/2015  
   * b. End Date: 06/30/2016

18. Estimated Funding ($):

   * a. Federal  153,363.00
   * b. Applicant  0.00
   * c. State  51,121.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  204,484.00

19. Is Application Subject to Review By State Under Executive Order 12372 Proceeds?
   a. This application was made available to the State under the Executive Order 12372 Proceeds for review on 03/26/2015.
   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.)
   a. Yes  
   b. 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: BLAINE
Middle Name: 
Last Name: NICKENS
SUFFIX: 
Title: CHIEF, GRANTS MANAGEMENT BRANCH
Telephone Number: (916)445-9300  
Fax Number: (916)327-6320
Email: steve.wong@wildlife.ca.gov
Signature of Authorized Representative: 
Date Signed: 04/02/2016

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

1. Type of Submission: □ Preapplication
   □ Application
   X New
   □ Changed/Corrected Application
   □ Continuation
   □ Revision
   * If Revision, select appropriate letter(s):

2. Type of Application:

3. Date Received: __________

4. Applicant Identifier: __________

5a. Federal Entity Identifier: 1649
   * 5b. Federal Award Identifier: APR 03 2015

STATE CLEARING HOUSE

B. APPLICANT INFORMATION:

* a. Legal Name: City of Fresno, Department of Transportation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000335

* c. Organizational DUNS: 169204872

d. Address:
   * Street: 2223 G Street
   * City: Fresno
   * County/Parish: 
   * State: CA
   * Province: 
   * Country: USA
   * Zip / Postal Code: 93706

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: Darlene
   Middle Name: 
   * Last Name: Christiansen
   Suffix: 

   Title: Grant Writer

Organizational Affiliation: 

   * Telephone Number: 5596211469
   Fax Number: 5594881065

   * Email: darlene.christiansen@fresnogov
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   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:
    Department of Transportation - Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:
    20.507

CFDA Title:
    Federal Transit - Formula Grants

12. Funding Opportunity Number:
    20/507

* Title:
    20/507: Federal Transit - Formula Grants

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
    2015 33077: Capital and Planning (CA 190-Z236)

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant  CA-016
   * b. Program/Project  CA-004, 016, 021, 022

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 09/10/2015

18. Estimated Funding (8):
   * a. Federal  $5,360,226.00
   * b. Applicant
   * c. State
   * d. Local  $13,400,074.00
   * e. Other
   * f. Program Income
   * g. TOTAL  $6,736,300.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 04/03/2015
   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)
   X 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 219, 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:  
Suff:  
* Title:  Director of Transportation
* Telephone Number:  5555555555  
Fax Number:  
* Email:  
* Signature of Authorized Representative:  
* Date Signed:  04/03/2015
### Application for Federal Assistance SF-424

**1. Type of Submission**
- Preapplication
- Application
- Changed/Corrected Application

**2. Type of Application**
- New
- Continuation
- Revision

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

**5a. Federal Entity Identifier**

**5b. Federal Award Identifier**

**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):** 956008142W

**c. Organizational DUNS:** 627797426

**d. Address:**
- Street 1: 200 University Office Building
- City: Riverside
- County: Riverside
- State: CA
- Province:
- Country: USA

**e. Organizational Unit:**
- Department Name: Plant Pathology & Microbiology
- Division Name: College of Natural & Agricultural Sciences

**f. Name and contact information of person to be contacted on matters involving this application:**
- Prefix:
- Middle Name:
- Last Name: Al Zgouf
- Suffix:
- Title: Sr. Contract & Grant Officer
- Organizational Affiliation: Research and Economic Development

**Telephone Number:** (951) 827-4968
**Fax Number:** (951) 827-4483
**Email:** frsicna.alzgouf@ucr.edu
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:
- 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:

CFDA Title:

*12. Funding Opportunity Number: n/a

*Title: Huanglongbing (HLB) Multi-agency Coordination (MAC) Project Suggestion Guidelines

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Rapid Propagation of Huanglongbing Tolerant Scions and Rootstocks for US Citrus

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant CA-041
   *b. Program/Project: CA-041

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

17. Proposed Project:
   *a. Start Date: 02/01/2015
   *b. End Date: 01/31/2017

18. Estimated Funding ($):
   *a. Federal
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL $627,461.00

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 4/3/2015
   ☐ 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: Frosina

Middle Name:  

*Last Name: Al Agoul

Suffix:  

*Title: Sr. Contract & Grant Officer

*Telephone Number: (951) 827-4968  Fax Number: (951) 827-4483
*Email: frosina.alagoul@ucr.edu
*Signature of Authorized Representative: F. Al Agoul  Date Signed: 4/3/2015
# Application for Federal Assistance SF-424

**Version 02**

**OMB Number:** 4049-0004  
Expiration Date: 01/31/2009

### 1. Type of Submission:
- [ ] Preapplication
- [ ] Application
- [ ] Change/Corrected Application

### 2. Type of Application:
- [ ] New
- [ ] Continuation
- [ ] Revision
- [ ] Revision

### 3. Date Received:
- [ ] Completed by Grant.gov upon submission.
- [ ] APR 07 2015

### 4. Applicant Identifier:
- [ ] STATE CLEARING HOUSE

### 5a. Federal Entity Identifier:

### 5b. Federal Award Identifier:
- [ ] PLEAS00092

### State Use Only:

### 6. Date Received by State:

### 7. State Application Identifier:
- [ ] 91698059

### 8. APPLICANT INFORMATION:

#### a. Legal Name:
- [ ] STATE OF CALIFORNIA

#### b. Employer/Taxpayer Identification Number (EIN/TIN):
- [ ] 94-1597557

#### c. Organizational DUNS:
- [ ] 5083223580000

#### d. Address:
- [ ] 1416 9TH STREET
- [ ] SACRAMENTO
- [ ] CA: California
- [ ] USA: UNITED STATES
- [ ] 95814

#### e. Organizational Unit:
- [ ] CA DEPT OF FISH & WILDLIFE
- [ ] GRANTS MANAGEMENT BRANCH

#### f. Name and contact information of person to be contacted on matters involving this application:
- [ ] Prefix: Mr.
- [ ] First Name: STEVE
- [ ] Middle Name:
- [ ] Last Name: WONG
- [ ] Suffix:
- [ ] Title: GRANTS ADMINISTRATOR
- [ ] Organizational Affiliation:

#### *Telephone Number:*
- [ ] (916) 445-3694  
- [ ] Fax Number: (916) 327-6120

#### *Email:*
- [ ] steve.wong@wildlife.ca.gov
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - State Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
   * Other (specify):

10. Name of Federal Agency:
   - Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
   - 15.605
   - CFDA Title:
     - Sport Fish Restoration Program
   - *Title:
     - R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:
   - Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   - Plumas, Sierra, Nevada, Placer, El Dorado, Alpine and Amador counties

15. Descriptive Title of Applicant's Project:
   - POPULATION DYNAMICS OF HATCHERY AND WILD TROUT IN LENTIC WATERS OF THE SIERRA NEVADA

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant [CA-6]
   * b. Program/Project [CA-ALL]

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   - a. Federal 89,512.00
   - b. Applicant 0.00
   - c. State 29,837.00
   - d. Local 0.00
   - e. Other 0.00
   - f. Program Income 0.00
   - g. TOTAL 119,349.00

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 03/26/2015
   - ☐ 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
   - Explanation

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: BLAIR
Middle Name:  
Last Name: NICKENS
Suffix: 
* Title: CHIEF, GRANTS MANAGEMENT BRANCH
* Telephone Number: (916) 445-9300  Fax Number: (916) 327-6320
* Email: blaine.nickens@wildlife.ca.gov

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

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: *
☐ Preapplication
☐ Application
☐ Changed/Corrected Application
☐ New
☐ Continuation
☐ Revision

*2. Type of Application: *

* If Revision, select appropriate letter(s):

* Other (Specify) RECEIVED

*3. Date Received: APR 07 2015

5/4/2015

5a. Federal Entity Identifier:

5b. Federal Award Identifier: STATE CLEARING HOUSE

P1SA800092

State Use Only:

6. Data Received by State:

7. State Application Identifier:

01598056

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

54.1697567

* c. Organizational DUNS:

8083223560000

d. Address:

* Street:

1416 9TH STREET

Street:

City: SACRAMENTO

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: CA DEPT OF FISH & WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name: STEVE

Middle Name:

* Last Name: WONG

Suffix:

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: (916) 445-3634

Fax Number: (916) 327-6320

*Email: steve.wong@wildlife.ca.gov
### Application for Federal Assistance SF-424

**5. Type of Applicant 1: Select Applicant Type:**
- State Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

* Other (specify):

**10. Name of Federal Agency:**
- Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**
- 15.605

**CFDA Title:**
- Sport Fish Restoration Program

**12. Funding Opportunity Number:**
- P15AS00092

**Title:**
- SR (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- Counties of: Del Norte, Humboldt, Marin, San Francisco, San Mateo, Santa Cruz, Monterey, San Luis Obispo, and Santa Barbara

**15. Descriptive Title of Applicant's Project:**
- ASSESSMENT OF STATE MANAGED PINFISH SPECIES

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant CA-6
   * b. Program/Project CA-ALL

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal 251,008.00
   * b. Applicant 0.00
   * c. State 83,669.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 334,677.00

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 03/24/2016.
   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  Explanation

21. 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 21, 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: BLAINE
Middle Name:  
* Last Name: NICKENS
Suffix:  

* Title: CHIEF, GRANTS MANAGEMENT BRANCH

* Telephone Number: (916)445-3100  
Fax Number: (916)327-6320

* Email: blaine.nickens@wildlife.ca.gov

* Signature of Authorized Representative:  
* Date Signed: 04/20/2016
**Application for Federal Assistance SF-424**

**Version 02**

**1. Type of Submission:**
- [ ] Preapplication
- [X] Application
- [ ] Changed/Corrected Application

**2. Type of Application:**
- [ ] New
- [ ] Continuation
- [ ] Revision
- [ ] Other (Specify)

**3. Date Received:**
Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**
F15AS00092

**6a. Federal Award Identifier:**

**6b. State Application Identifier:**
GIS98052

**8. APPLICANT INFORMATION:**

**a. Legal Name:**
STATE CALIFORNIA

**b. Employer/Taxpayer Identification Number (EIN/TIN):**
94-1637567

**c. Organizational DUNS:**
8083223580000

**d. Address:**

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<td>* State:</td>
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**e. Organizational Unit:**

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

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<th>Prefix:</th>
<th>[ ] Mr.</th>
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<tr>
<td>* First Name:</td>
<td>STEVE</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
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<tr>
<td>* Last Name:</td>
<td>WONG</td>
</tr>
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<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>GRANTS ADMINISTRATOR</td>
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</table>

**Organizational Affiliation:**

**Telephone Number:**
(916) 445-3694
**Fax Number:**
(916) 327-6320

**Email:**
steve.wong@wildlife.ca.gov
### Application for Federal Assistance SF-424

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

- [ ] State Government

**10. Name of Federal Agency:**

- [ ] Fish and Wildlife Service

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

- [ ] 15.605

- [ ] CFDA Title:
  - Sport Fish Restoration Program

**12. Funding Opportunity Number:**

- [ ] P15A6000092

- [ ] Title:
  - E8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

- [ ]

- [ ] Title:  

- [ ]

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

- [ ] California coastal counties from the California-Oregon border to the California-Mexico border.

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

- [ ] MANAGEMENT OF MARINE SPORT FISH UNDER FEDERAL OR MIXED JURISDICTION

Attach supporting documents as specified in agency instructions.
**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**
- **a. Applicant**: CA-6
- **b. Program/Project**: CA-ALL

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

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<th>Delete Attachment</th>
<th>View Attachment</th>
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**17. Proposed Project:**
- **a. Start Date**: 07/01/2015
- **b. End Date**: 06/30/2016

**18. Estimated Funding ($):**
- **a. Federal**: 274,324.00
- **b. Applicant**: 0.00
- **c. State**: 91,441.00
- **d. Local**: 0.00
- **e. Other**: 0.00
- **f. Program Income**: 0.00
- **g. TOTAL**: 365,765.00

**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 03/09/2015.
- [ ] 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
- [x] No

**Explanation**

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 21, Section 1091)"

**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**: BLAIR
- **Middle Name**: 
- **Last Name**: NICKENS
- **Suffix**: 

**Title**: CHIEF, GRANTS MANAGEMENT BRANCH

**Telephone Number**: (916) 445-9300
**Fax Number**: (916) 327-6320

**Email**: blaire.nickens@wildlife.ca.gov

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

**Date Signed**: Completed by Grants.gov upon submission.
**Application for Federal Assistance SF-424**

**Version 02**

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*3. Date Received:*

Completed by Grants.gov upon submission.

*4. Applicant Identifier:*

APR 07 2015

**State Use Only:**

*5a. Federal Entity Identifier:*

STATE CLEARING HOUSE

*5b. Federal Award Identifier:*

F15AS00092

**6. Date Received by State:**

**7. State Application Identifier:**

Q1598557

**8. APPLICANT INFORMATION:**

*8a. Legal Name:*

STATE OF CALIFORNIA

*8b. Employer/Taxpayer Identification Number (EIN/TIN):*

94-1697567

*8c. Organizational DUNS:*

8083223580000

**9. Address:**

*Street1:*

1616 9TH STREET

*Street2:*

*SACRAMENTO*

*City:*

*SACRAMENTO*

*County:*

*State:*

CA: California

*Province:*

*Country:*

USA: UNITED STATES

*Zip / Postal Code:*

95814

**10. Organizational Unit:**

Department Name: CA DEPT OF FISH & WILDLIFE

Division Name: CRANIS MANAGEMENT BRANCH

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

Prefix: Mr.

*First Name:*

STEVE

*Middle Name:*


*Last Name:*

WONG

Suffix: 

Title: 

Organizational Affiliation: 

*Telephone Number:*

(916)445-3694

Fax Number: (916)327-6320

*Email:*

steve.wong@wildlife.ca.gov
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td>Fish and Wildlife Service</td>
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<td><strong>CFDA Title:</strong></td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<tr>
<td>Chico Co, Butte Co</td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<td>MCR FISHERIES HABITAT SHOP</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424
Version 02

16. Congressional Districts Of:
   * a. Applicant  CA-6  
   * b. Program/Project  CA-ALL  
Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
   * a. Start Date: 07/01/2015  
   * b. End Date: 06/30/2016  

18. Estimated Funding ($):
   * a. Federal: 498,553.00  
   * b. Applicant: 0.00  
   * c. State: 166,184.00  
   * d. Local: 0.00  
   * e. Other: 0.00  
   * f. Program Income: 0.00  
   * g. TOTAL: 664,737.00  

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 04/06/2015.
   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  [Explanation]  

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 21, 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: BLAINE  
Middle Name:  
* Last Name: WICKENS  
SUFFIX:  
*Title: CHIEF, GRANTS MANAGEMENT BRANCH  
*Telephone Number: (916) 445-9300  
Fax Number: (916) 327-6320  
*Email: blaine.wickens@wildlife.ca.gov  
*Signature of Authorized Representative: Completed by Grants.gov upon submission.  
* Date Signed: Completed by Grants.gov upon submission.  

Authorized for Local Reproduction  
Standard Form 424 (Revised 10/2006)  
Prescribed by OMB Circular A-102
**Application for Federal Assistance SF-424**

**Version 02**

1. Type of Submission:
   - [ ] Preapplication
   - [ ] Application
   - [ ] Changed/Corrected Application

2. Type of Application:
   - [ ] New
   - [ ] Continuation
   - [ ] Revision
   - [ ] Other (Specify)

3. Date Received:
   - 04/07/2015

4. Applicant Identifier:
   - 

5a. Federal Entity Identifier:
   - 

5b. Federal Award Identifier:
   - STATE CLEARINGHOUSE

6. Date Received by State:
   - 

7. State Application Identifier:
   - 01598022

8. APPLICANT INFORMATION:

   - a. Legal Name: **STATE OF CALIFORNIA**
   - b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1597567
   - c. Organizational DUNS: 8083223580003

   d. Address:
      - Street1: 1416 5TH STREET
      - Street2: SUITE 1211
      - City: SACRAMENTO
      - County: 
      - State: CA: California
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 95814-5515

   e. Organizational Unit:
      - Department Name: CDPW
      - Division Name: Grants Management Branch

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: 
      - First Name: Melissa
      - Middle Name: 
      - Last Name: Jones
      - Suffix: 
      - Title: Grant Administrator
      - Organizational Affiliation: 
      - Telephone Number: 916-327-0062
      - Fax Number: 
      - Email: Melissa.Jones@Wildlife.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:
    Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    15.611
    CFDA Title:
    Wildlife Restoration and Basic Hunter Education

12. Funding Opportunity Number:
    P15AS00091
    * Title:
    RW (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Lassen(1), Modoc(1), Siskiyou(1), Shasta(1), Tehama(1), Humboldt(2), Del Norte(2), Mendocino(2), Trinity(2)

15. Descriptive Title of Applicant's Project:
    WILDLIFE AND HABITAT CONSERVATION: NORTHERN REGION LAND ACQUISITION PLANNING AND COORDINATION

Attach supporting documents as specified in agency instructions.
**Application for Federal Assistance SF-424**

**Version 02**

16. Congressional Districts Of:
   - a. Applicant: CA-006
   - b. Program/Project: CA-143

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

17. Proposed Project:
   - a. Start Date: 07/01/2015
   - b. End Date: 06/30/2016

18. Estimated Funding ($):
   - a. Federal: 131,975.00
   - b. Applicant: 0.00
   - c. State: 43,993.00
   - d. Local: 0.00
   - e. Other: 0.00
   - f. Program Income: 0.00
   - g. TOTAL: 175,972.00

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 04/07/2015.
   - 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
   - Explanation

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:**

<table>
<thead>
<tr>
<th>Prefix</th>
<th>* First Name: Lisa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: Bays</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>* Title: SSMR</td>
<td></td>
</tr>
</tbody>
</table>

* Telephone Number: (916) 445-3701
* Fax Number: |

* Email: Lisa.Bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays
* Date Signed: 04/07/2016

Authorized for Local Reproduction

---

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

2. Type of Submission:  
☐ Preapplication  
☑ New
☐ Continuation
☐ Revision

3. Type of Application:  
* If Revision, select appropriate letter(s):

☐ New
☐ Continuation
☐ Revision

4. Applicant Identifier:  
Galilee Center

5. Date Received:  
APR 07 2015

6. Federal Entity Identifier:

7. Federal Award Identifier:
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

a. Legal Name:  
Galilee Center

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

* c. Organizational DUNS:  

* d. Address:

Street 1:  
Street 2:  
City:  
County/Parish:  
State:  
Province:  
Country:  
Zip / Postal Code:  

* e. Organizational Unit:

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

First Name:  
Last Name:  
Title:  
Organization:  
* Telephone Number:  
Fax Number: 
* Email:  

Compacted by grants.gov upon submittal.
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<td>* Other (specify):</td>
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<td>10. Name of Federal Agency:</td>
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<td>Eastern Riverside County</td>
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<td>Galliers Center: Farm Workers’ Facility Community Room Project</td>
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<td>Attach supporting documents as specified in agency instructions.</td>
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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
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL

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

   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: Ms. □
Middle Name:
* Last Name: Gomez
Suffix:

* Title: Director of Grants

*Telephone Number: (760) 396 9100
Fax Number: (760) 396 5400

* Email: gomez@firstleecenter.org

* Signature of Authorized Representative: □
* Date Signed: 8/18/2015
**Application for Federal Assistance SF-424**

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<td>Application</td>
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<td>Changed/Corrected Application</td>
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| 8. APPLICANT INFORMATION: |

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</tr>
<tr>
<td>Street2:</td>
</tr>
<tr>
<td>* City: Sacramen to</td>
</tr>
<tr>
<td>County/Parish: Sacramento</td>
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<tr>
<td>Province:</td>
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<tr>
<td>* Country: USA: UNITED STATES</td>
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<tr>
<td>* Zip / Postal Code: 95814</td>
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<th>e. Organizational Unit:</th>
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<tr>
<td>Department Name: Food and Agriculture</td>
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<tr>
<td>Division Name: Pierce's Disease Control Prgm</td>
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</table>

<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>* Last Name: Spencer</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Branch Chief</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
</tr>
<tr>
<td>* Telephone Number: (916) 900-5024</td>
</tr>
<tr>
<td>Fax Number: (916) 900-5150</td>
</tr>
<tr>
<td>*Email: <a href="mailto:roger.spencer@cdfa.ca.gov">roger.spencer@cdfa.ca.gov</a></td>
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</tbody>
</table>
## Application for Federal Assistance SF-424

### 9. Type of Applicant 1: Select Applicant Type:
- State Government

### Type of Applicant 2: Select Applicant Type:

### Type of Applicant 3: Select Applicant Type:

### Other (specify):

### 10. Name of Federal Agency:
- USDA/APHIS/PPQ

### 11. Catalog of Federal Domestic Assistance Number:
- 19-025

### 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:
- Pierce's Disease Control Program/Black-winged Sharpshooter

Attach supporting documents as specified in agency instructions.
## Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant 6th
   * b. Program/Project GWS

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 09/30/2015

18. Estimated Funding ($):

<table>
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<th>Amount</th>
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<tr>
<td>a. Federal</td>
<td>12,600,505.00</td>
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<td>b. Applicant</td>
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<tr>
<td>c. State</td>
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<td>d. Local</td>
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<tr>
<td>e. Other</td>
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</tr>
<tr>
<td>f. Program Income</td>
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<tr>
<td>g. TOTAL</td>
<td>12,600,505.00</td>
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</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] 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.)
   - [x] 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)

   - [x] 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:

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Crystal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Myers</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Title: Federal Funds Manager</th>
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</table>

<table>
<thead>
<tr>
<th>* Telephone Number: (916) 403-6533</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax Number:</td>
</tr>
</tbody>
</table>

| * Email: crystal.myers@cdfa.ca.gov |

<table>
<thead>
<tr>
<th>* Signature of Authorized Representative: Crystal Myers</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Date Signed: 7/6/15</td>
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</table>
Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
   ☐ Preapplication
   ☑ Application
   ☐ Changed/Corrected Application

* 2. Type of Application:
   ☑ New
   ☐ Continuation
   ☐ Revision
   ☐ Other (Specify)

* 3. Date Received:
   03/02/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: 01598009

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   94-1697567

* c. Organizational DUNS:
   8081223580000

* d. Address:
   1416 9TH STREET
   SACRAMENTO
   CA: California
   USA: UNITED STATES
   95814

* e. Organizational Unit:
   Department Name:
   Division Name:
   CDFW
   GRANTS MANAGEMENT BRANCH

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

Prefix: ☐

First Name: BRIAN

Middle Name: ☐

Last Name: SALAZAR

Suffice: ☐

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-323-6201

Fax Number: ☐

* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV
### Application for Federal Assistance SF-424

**9. Type of Applicant 1: Select Applicant Type:**
- State Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**Other (specify):**

**10. Name of Federal Agency:**
- Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**
- 15.634

**CFDA Title:**
- State Wildlife Grants

**12. Funding Opportunity Number:**
- FI4AS00127

**Title:**
- R8 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant’s Project:**
- STATEWIDE SWAINSON’S HAWK INVENTORY AND TREND ANALYSIS

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant: CA-065
   * b. Program/Project: CA-ALL

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal: 384,142.00
   * b. Applicant: 0.00
   * c. State: 206,846.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 590,988.00

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 03/30/2015.
   - [ ] 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 216, 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: LISA

MIDDLE NAME: 

* LAST NAME: BAYS

SUFFIX: 

* TITLE: STAFF SERVICES MANAGER I

* TELEPHONE NUMBER: 916-445-3701

Fax Number: 

* EMAIL: LISA.BAYS@WILDLIFE.CA.GOV

* SIGNATURE OF AUTHORIZED REPRESENTATIVE: Lisa Bays

* DATE SIGNED: 03/02/2016
Application for Federal Assistance SF-424

* 1. Type of Submission
- Select One -
- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application
- New
- Continuation
- Revision
- Other (Specify)

* 3. Date Received: APR 09 2015

* 4. Application Identifier:

5a. Federal Entity Identifier: 30-06-0109

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: 

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Imperial County Airport
* b. Employer/Taxpayer Identification Number (EIN/TIN): 96-6000924
* c. Organizational DUNS: 068997570

d. Address:
- Street 1: 1099 Airport Road
- City: Imperial
- County: Imperial
- State: California
- Province: 
- Country: United States
- Zip/Postal Code: 92251

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: Ralph
- Middle Name: 
- Last Name: Cordova
- Suffix: 
- Title: County CEO
- Organizational Affiliation: 

* Telephone Number: (760) 482-4290
* Fax Number: (760) 355-2485
* Email: ralphcordova@co.imperial.ca.us
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:
   - Select One -

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

* 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.):
    City of Imperial, Imperial County, California

15. Descriptive Title of Applicant’s Project:
    Construct PAPI Phase II

Attach supporting documents as specified in agency instructions.
**Application for Federal Assistance SF-424**

16. Congressional Districts Of:
   
   *a. Applicant: 51
   *b. Program/Project: 51
   
   Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
   
   *a. Start Date: 05/10/2015
   *b. End Date: 11/19/2015

18. Estimated Funding ($):
   
   | *a. Federal       | 92,150.00 |
   | *b. Applicant     | 4,850.00  |
   | *c. State         |           |
   | *d. Local         |           |
   | *e. Other         |           |
   | *f. Program Income|           |
   | *g. TOTAL         | 97,000.00 |

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 04/07/2015.
   - [ ] 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 on next page.)
   
   - [ ] 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 216, 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: Ralph

Middle Name:  

*Last Name: Cordova

Suffix:  

*Title: County CEO

*Telephone Number: (760) 482-4290

Fax Number: (760) 355-2485

*Email: ralphcordova@co.imperial.ca.us

*Signature of Authorized Representative:  

*Date Signed: 4/7/15
### Application for Federal Assistance SF-424

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<th>5b. Federal Award Identifier:</th>
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<td>APR 09 2015</td>
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#### 8. APPLICANT INFORMATION:

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

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

- **c. Organizational DUNS:** 604559250000

- **d. Address:**
  - **Street1:** 2801 Second Street
  - **Street2:** UC ANR Contracts and Grants
  - **City:** Davis
  - **County/Parish:** Yolo
  - **State:** CA, California
  - **Country:** USA, United States
  - **Zip / Postal Code:** 95616-7774

- **e. Organizational Unit:**
  - **Department Name:** Div. of Ag & Natural Resources
  - **Division Name:**

- **f. Name and contact information of person to be contacted on matters involving this application:**
  - **Prefix:**           
  - **First Name:** Kendra
  - **Middle Name:**      
  - **Last Name:** Rose
  - **Suffix:**           
  - **Title:** Contracts and Grants Analyst
  - **Organizational Affiliation:**
  - **Telephone Number:** 530-750-1276
  - **Fax Number:**       
  - **Email:** ktrose@ucanr.edu
### Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

* Other (specify): 

**10. Name of Federal Agency:**

California State Office

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

10.912

**CFDA Title:**

Environmental Quality Incentives Program

**12. Funding Opportunity Number:**

USDA-NRCS-CA-15-0009

* Title:

Conservation Innovation Grant - 2015

**13. Competition Identification Number:**

Title:

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

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

Oak woodland restoration: assessing treatment effectiveness, cost, and EQIP practices

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
* a. Applicant CA-003
   b. Program/Project CA-002

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

17. Proposed Project:
* a. Start Date: 10/01/2015
   b. End Date: 09/30/2018

18. Estimated Funding ($):

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<td>* c. State</td>
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<td>* d. Local</td>
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<td>* e. Other</td>
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<td>* f. Program Income</td>
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<tr>
<td>* g. TOTAL</td>
<td>151,947.00</td>
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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 04/09/2015.

☐ b. Program 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: Xendra
Middle Name: " 
Last Name: Rose
Suffix: " 
Title: Contracts and Grants Analyst
Telephone Number: 530-750-1276
Fax Number: " 
Email: xtrose@ucanr.edu
Signature of Authorized Representative: Xendra Rose
Date Signed: 04/09/2015
Application for Federal Assistance SF-424

1. Type of Submission:  
   - [X] Preapplication  
   - [ ] Application  
   - [ ] Continuation  
   - [ ] Changed/Corrected Application  
   - [ ] Revision  

2. Type of Application:  
   - [X] New  
   - [ ] Revision  
   - [ ] Other (Specify):  

3. Date Received:  
   - Completed by Grants.gov upon submission.  

4. Applicant Identifier:  
   - RECEIVED  
   - APR 09 2015  

5. State Use Only:  
   - STATE CLEARING HOUSE  

6a. Federal Entity Identifier:  
6b. Federal Award Identifier:  
   - APR 09 2015  

7. State Application Identifier:  

8. APPLICANT INFORMATION:  

   a. Legal Name:  
      - Michael R. Lammons  

   b. Employer/Taxpayer Identification Number (EIN/TIN):  
      - 463-66-5166

   c. Organizational DUNS:  
      - 3000050000INDY  

   d. Address:  
      - 14614 E. Shaw Avenue  
      - Sanger  
      - Fresno  
      - CA: California  
      - USA: UNITED STATES  
      - 93657  

   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:  
      - Michael  
      - Middle Name:  
      - R.  
      - * Last Name:  
      - Lammons  
      - Suffix:  
      - Title:  
      - Owner  
      - Organizational Affiliation:  
      - Telephone Number:  
      - 5596243254  
      - Fax Number:  
      - Email:  
      - mjrslammons@gmail.com
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type: 

Type of Applicant 3: Select Applicant Type: 

Other (specify): 

10. Name of Federal Agency:
California State Office

11. Catalog of Federal Domestic Assistance Number:
10.912

CFDA Title:
Environmental Quality Incentives Program

12. Funding Opportunity Number:
USDA-NRCS-CA-15-0809

Title:
Conservation Innovation Grant - 2015

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
Advancement of Paulownia tree farms in Central California

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

18. Congressional Districts Of:
   * a. Applicant: CA-22
   * b. Program/Project: CA-22

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

47. Proposed Project:
   * a. Start Date: 04/07/2015
   * b. End Date: 04/07/2019

18. Estimated Funding ($):

   * a. Federal: 49,206.00
   * b. Applicant:
   * c. State:
   * d. Local:
   * e. Other:
   * f. Program Income: 0.00
   * g. TOTAL: 49,206.00

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 04/09/2015.
   * 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

24. "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 21, 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:

First Name: Michael

Middle Name: 

Last Name: Lammons

Title: Owner

Telephone Number: 5598243254

Email: mikelammons@gmail.com

Signature of Authorized Representative: [Signature]

* Date Signed: 04/07/15

* Signature of Authorized Representative: [Signature]

* Date Signed: 04/07/15

* Telephone Number: 5598243254

* Fax Number:

* Email:

* Signature:

* Date Signed:
Application for Federal Assistance SF-424

1. Type of Submission:
   - Preapplication
   - Application [X]
   - Change/Add/Corrected Application

2. Type of Application:
   - New [X]
   - Continuation
   - Revision
   - 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:

A. APPLICANT INFORMATION:

a. Legal Name: Lake County Watershed Protection District

b. Employer/Taxpayer Identification Number (EIN/TIN):
   24-6000825

c. Organizational DUNS:
   153349140000

d. Address:
   - Street: 255 North Forbes Street
   - Street2: Room 309
   - City: Lakeport
   - County/Parish: Lake County
   - State: CA: California
   - Province:
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95453-4759

e. Organizational Unit:
   - Department Name:
   - Division Name:

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: Mrs.
   - First Name: Carolyn
   - Middle Name: Elizabeth
   - Last Name: Rantan
   - Suffix:
   - Title: Invasive Species Program Coordinator
   - Telephone Number: 707-263-2256
   - Fax Number: 707-263-1965
   - Email: carolyn.rantan@lakecountyca.gov
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   a: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:
    10.912
    CFDA Title:

* 12. Funding Opportunity Number:
    10.912
    * Title:
    Conservation Innovation Grants Fiscal Year (FY) 2015

13. Competition Identification Number:

Title:

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

application for Federal Assistance Sr-424,

* 15. Descriptive Title of Applicant's Project:
    Clear Lake Tule Mitigation Bank

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant CA-003
   * b. Program/Project CA-003

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

17. Proposed Project:
   * a. Start Date: 09/30/2015
   * b. End Date: 09/30/2016

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL

   200,000.00
   200,000.00
   0.00
   0.00
   0.00
   1,000.00
   401,000.00

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 04/10/2015.
   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 [x] 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 210, Section 1001)

   ** I AGREE

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

Authorized Representative:

Prefix: Mrs.
Middle Name: Elizabeth
Last Name: Rutten
Suffix: 
Title: Invasive Species Program Coordinator
Telephone Number: 707-263-2256
Fax Number: 707-263-1963
Email: carolyn.rutten@lakecountyca.gov
Signature of Authorized Representative: Carolyn Rutten
Date Signed: 02/24/2015
**Application for Federal Assistance SF-424**

**Version 02**

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<th>Field</th>
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<td>2. Type of Application:</td>
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<td>6. Date Received by State:</td>
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<td>7. State Application Identifier:</td>
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<td>8. APPLICANT INFORMATION:</td>
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<td>a. Legal Name:</td>
<td>STATE OF CALIFORNIA</td>
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<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>94-1697557</td>
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<td>c. Organizational DUNS:</td>
<td>8083223560000</td>
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<tr>
<td>d. Address:</td>
<td>1416 5TH STREET</td>
</tr>
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<td>SACRAMENTO</td>
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<td></td>
<td>CA: California</td>
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<td></td>
<td>USA: UNITED STATES</td>
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<tr>
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<td>95814</td>
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<td>e. Organizational Unit:</td>
<td>CA DEPT OF FISH AND WILDLIFE</td>
</tr>
<tr>
<td></td>
<td>GRANTS MANAGEMENT BRANCH</td>
</tr>
<tr>
<td>f. Name and contact information of person to be contacted on matters involving this application:</td>
<td></td>
</tr>
<tr>
<td>Prefix:</td>
<td>Mr.</td>
</tr>
<tr>
<td>First Name:</td>
<td>Pete</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Marcellana</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Grants Administrator</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
<td></td>
</tr>
<tr>
<td>* Telephone Number:</td>
<td>(916) 445-4658</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>(916) 327-6320</td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:pete.marcellana@wildlife.ca.gov">pete.marcellana@wildlife.ca.gov</a></td>
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</table>
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:
Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
15.605

CFDA Title:
Sport Fish Restoration Program

* 12. Funding Opportunity Number:
F15AS00092

* Title:
R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Projects are located in river and tributary stream reaches throughout the Klamath River above its confluence with the Trinity River at Weitchpec. Del Norte, Humboldt, Trinity, and Mendocino counties District 2. Siskiyou county District 1.

* 15. Descriptive Title of Applicant’s Project:
SALMON AND STEELHEAD MONITORING IN THE KLAMATH RIVER BASIN

Attach supporting documents as specified in agency instructions.
**Application for Federal Assistance SF-424**  

**16. Congressional Districts Of:**  
- a. Applicant: CA-5  
- b. Program/Project: CA-ALL  

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

**17. Proposed Project:**  
- a. Start Date: 07/01/2015  
- b. End Date: 06/30/2016  

**18. Estimated Funding ($):**  
- a. Federal: 458,050.00  
- b. Applicant: 0.00  
- c. State: 152,683.00  
- d. Local: 0.00  
- e. Other: 0.00  
- f. Program Income: 0.00  
- g. TOTAL: 610,733.00  

**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**  
- x a. This application was made available to the State under the Executive Order 12372 Process for review on 04/09/2015.  
- □ 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  
- x No  

**21. "By signing this application, I certify (1) to the statements contained in the list of certifications"**  
- (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)  
- x 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: BLAINE  
- Middle Name:  
- Last Name: WICKENS  
- Suffix:  
- Title: CHIEF, GRANTS MANAGEMENT BRANCH  
- Telephone Number: (916) 445-9300  
- Fax Number: (916) 327-6320  
- Email: blaine.wickens@wildlife.ca.gov  
- Signature of Authorized Representative: Blaine W. Nickens  
- Date Signed: 04/10/2015  

(Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102)
Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
   - [ ] Preapplication
   - [ ] Application
   - [ ] Changed/Corrected Application

* 2. Type of Application:
   - [ ] New
   - [ ] Continuation
   - [ ] Revision
   - [ ] Other (Specify):

* 3. Date Received: 04/02/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: 415AS000092

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1598058

8. APPLICANT INFORMATION:

*a. Legal Name: STATE OF CALIFORNIA

*b. Employer/Taxpayer Identification Number (EIN/TIN):
   24-1697567

*c. Organizational DUNS:
   6083223560000

d. Address:

   * Street: 1416 9TH STREET
   Street2:
   * City: SACRAMENTO
   County:
   * State: CA: California
   Province:
   * Country: USA: UNITED STATES
   * Zip / Postal Code: 95814

*e. Organizational Unit:

   Department Name: CA DEPT OF FISH & WILDLIFE
   Division Name: GRANTS MANAGEMENT BRANCH

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

   Prefix: Mr.
   * First Name: STEVE
   Middle Name:
   * Last Name: WONG
   Suffix:

   Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: (916) 445-3694
Fax Number: (916) 327-6320

* Email: steve.wong@wildlife.ca.gov
**Application for Federal Assistance SF-424**

**9. Type of Applicant 1: Select Applicant Type:**
- A: State Government

**10. Name of Federal Agency:**
- Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**
- 15.605

**CFDA Title:**
- Sport Fish Restoration Program

**12. Funding Opportunity Number:**
- F15AS000092

**Title:**
- R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- Alpine, Amador, Calaveras, El Dorado, Lake, Nevada, Placer, Plumas, Sacramento, and Sierra Counties; Congressional Districts 001 and 004.

**15. Descriptive Title of Applicant's Project:**
- North Central Region Sport Fishery Management

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   a. Applicant  CA-6
   b. Program/Project  CA-ALL

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

17. Proposed Project:
   a. Start Date: 07/01/2015
   b. End Date: 06/30/2016

18. Estimated Funding ($):

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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 03/20/2015
   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.)
   a. Yes  X  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 1091)
   X  ** 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: BLAINE

Middle Name: 

Last Name: NICHOLS

Suffix:  

Title: CHIEF, GRANTS MANAGEMENT BRANCH

Telephone Number: (916) 445-9300  Fax Number: (916) 327-6320

Email: steve.wong@wildlife.ca.gov

Signature of Authorized Representative: BLAINE NICHOLS  Date Signed: 04/10/2015

Authorized for Local Reproduction  Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

Version 02

1. Type of Submission:  
   - Preapplication  
   - Application  
   - Changed/Corrected Application

2. Type of Application:  
   - New  
   - Continuation  
   - Revision  
   - Other (Specify)

3. Date Received:  
   
   4. Applicant Identifier:  
   
   5a. Federal Entity Identifier:  
   
   5b. Federal Award Identifier:  
   
   6a. State Use Only:  
   
   6b. Application Identifier:  
   
   7. Application Identifier:  

APPlicant INFORMATION:

a. Legal Name:  

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

  94-1657396

c. Organizational DUNS:  

  8083223580000

d. Address:  

  1416 9th Street  
  Sacramento, CA: California  
  USA: UNITED STATES  
  95814

e. Organizational Unit:  

  Department Name:  
  CA Dept. of Fish & Wildlife  
  Division Name:  
  Grants Management Branch

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

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

  Pete.marcellana@wildlife.ca.gov
**Application for Federal Assistance SF-424**

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<tr>
<th>9. Type of Applicant 1: Select Applicant Type:</th>
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<th>10. Name of Federal Agency:</th>
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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<td>San Mateo, Santa Cruz, and Monterey Counties.</td>
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<th>15. Descriptive Title of Applicant's Project:</th>
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<tr>
<td>South Central Coast Steelhead Restoration and Enhancement Project</td>
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*Attach supporting documents as specified in agency instructions.*

[Add Attachments]  [Delete Attachments]  [View Attachments]
**Application for Federal Assistance SF-424**

**Version 02**

16. Congressional Districts Of:
   - a. Applicant: CA-005
   - b. Program/Project: CA-01

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

17. Proposed Project:
   - a. Start Date: 07/01/2014
   - b. End Date: 06/30/2015

18. Estimated Funding ($):

   - a. Federal
   - b. Applicant: 0.00
   - c. State: 47,691.00
   - d. Local: 0.00
   - e. Other: 0.00
   - f. Program Income: 0.00
   - g. TOTAL: 190,765.00

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 04/08/2015.
   - 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
   - Explanation

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: Blaine
- Middle Name:
- * Last Name: Nickens
- Suffix:
- * Title: Branch Chief
- * Telephone Number: (916) 445-9300
- Fax Number:
- * Email: blaine.nickens@wildlife.ca.gov

* Signature of Authorized Representative: [Signature]
* Data Signed: [Signature]

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE SF-424

1. Type of Submission:
   - [ ] Preapplication
   - [x] Application
   - [ ] Changed/Corrected Application

2. Type of Application:
   - [x] New
   - [ ] Continuation
   - [ ] Revision
   - [ ] Other (specify): ____________

3. Date Received: ____________

4. Applicant Identifier: ____________

5a. Fed Entity Identifier: ____________

5b. Federal Award Identifier: DE-EE0000222

State Use Only:

6. Date Application Received by State: ____________

7. State Application Identifier: ____________

8. APPLICANT INFORMATION:
   a. Legal Name: Energy Commission, California
   b. Employer/Taxpayer Identification Number (EIN/TIN): 680964382
   c. Organizational DUNS: 002540750
   d. Address:
      - Street 1: 1516 Ninth Street MS-18
      - City: Sacramento
      - County: SACRAMENTO County
      - State: CA
      - Province: ____________
      - Country: U.S.A.
      - Zip / Postal Code: 958142212
   e. Organizational Unit:
      - Department Name: Contracts, Grants and Loans Office
      - Division Name: Administrative and Financial Management Services
   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Ms
      - First Name: Sandra
      - Middle Name: ____________
      - Last Name: Raymos
      - Suffix: ____________
      - Title: Associate Governmental Program Analyst
      - Organizational Affiliation: California Energy Commission
      - Telephone Number: 9166544584
      - Fax Number: 9166544423
      - Email: sandra raymos@merarv.ca.gov
**APPLICATION FOR FEDERAL ASSISTANCE SF-424**

9. Type of Applicant:
   - A State Government

10. Name of Federal Agency:
    - U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:
    - 81.041
    - CFDA Title:
      - State Energy Program

12. Funding Opportunity Number:
    - DE-SEP-0002015
    - Title:
      - State Energy Program 2015

13. Competition Identification Number:
    - Title:
      - State Energy Program Formula Award

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

15. Descriptive Title of Applicant's Project:
    - The State Energy Program (SEP) provides grants to states and directs funding to state energy offices from technology programs in DOE's Office of Energy Efficiency and Renewable Energy. States use grants to address their energy priorities and program funding to adopt emerging renewable energy and energy efficiency technologies.
APPLICATION FOR FEDERAL ASSISTANCE SF-424

16. Congressional District Of:
   a. Applicant: California Congressional District 05
   b. Program/Project: CA-Statewide

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

17. Proposed Project:
   a. Start Date: 07/01/2015
   b. End Date: 06/30/2016

18. Estimated Funding ($):
   a. Federal 2,577,770.00
   b. Applicant 0.00
   c. State 515,554.00
   d. Local 0.00
   e. Other 0.00
   f. Program Income 0.00
   g. TOTAL 3,093,324.00

19. Is Application subject to Review by State Under Executive Order 12372 Process?:
   X a. This application was made available to the State under the Executive Order 12372 Process for review on: 04/15/2015
   □ 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)
    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)

   X I AGREE

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

Authorized Representative:

Prefix: Ms
First Name: Rachel
Middle Name: 
Last Name: Grant-Keay
Suffix: 
Title: Manager

Telephone Number: 9165544379 Fax Number: 9165544423

Email: rachel.grant-keay@energy.ca.gov

Signature of Authorized Representative: [Signature]  Signed Electronically        Date Signed: 04/15/2015

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