Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse April 16 - 30, 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
   - Other (Specify)

3. Date Received: 

4. Applicant Identifier: 

5a. Federal Entity Identifier: 

5b. St. Federal Award Identifier: 

State Use Only: 

6. Date Received by State: 

7. State Application Identifier: 

8. APPLICANT INFORMATION:

   a. Legal Name: San Francisco State University

   b. Employer/Taxpayer Identification Number (EIN/TIN): 851137247

   c. Organizational DUNS: 842814865

   d. Address: 
      - Street1: 1500 Holloway Ave
      - Street2: ADM 471
      - City: San Francisco
      - County: San Francisco
      - State: CA: California
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 94132-1722

   e. Organizational Unit: 
      - Department Name: 
      - Division Name: 
      - Resahor Tiberion Center: 
      - Coll. Science & Engineering:

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: 
      - First Name: William
      - Middle Name: 
      - Last Name: Kimmerer
      - Suffix: 
      - Title: RTC Research Professor

Organizational Affiliation: 

San Francisco State University

   - Telephone Number: 415-336-3915
   - Fax Number: 
   - Email: kimmerer@sfsu.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:
Geological Survey

11. Catalog of Federal Domestic Assistance Number:
TE.BOB
CFDA Title:
U.S. Geological Survey, Research and Data Collection

* 12. Funding Opportunity Number:
G15AS00003
* Title:
USGS Non-Competitive Assistance FY 2015 - Sacramento Acquisition Branch

13. Competition Identification Number:
G15AS00003
Title:

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

* 15. Descriptive Title of Applicant's Project:
Phytoplankton Modeling in CASCADE

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

16. Congressional District: Of:
   * a. Applicant: CA-012
   * b. Program/Project: CA-012

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

17. Proposed Project:
   * a. Start Date: 1/1/2011
   * b. End Date: 6/30/2015

18. Estimated Funding (S):
   * a. Federal: 20,000.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 20,000.00

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 04/14/2015.
   - 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 and attach.)
   - Yes
   - No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements hereinafter 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: SHELTON SUSAN PELTON on behalf of Alison Sanders

Prefix: [Blank]
* First Name: Alison
Middle Name: [Blank]
* Last Name: Sanders
Suffix: [Blank]

* Title: Director

* Telephone Number: 415-405-3943
Fax Number: 415-336-2493

* Email: asanders@sfsu.edu

* Signature of Authorized Representative: Alison Sanders
* Date Signed: [Blank]

Authorized for Local Reproduction

Standard Form 424
Prescribed by O
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: 04/16/2015
4. Applicant Identifier:

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

State Use Only:

8. Date Received by State: 
7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Office of Emergency Services (Cal DES)

b. Employer/Taxpayer Identification Number (EIN/TIN): 660278401

c. Organizational DUNS: 9474361760000

d. Address:
   - * Street: 3650 Sobriever Avenue
   - Street:
   - * City: Vacaville
   - City:
   - County/Parish:
   - State: California
   - Ch: California
   - Province:
   - * Country: USA: UNITED STATES
   - Zip / Postal Code: 95688-4203

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

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

   Prefix: Ms.
   - * First Name: Rose
   - Middle Name:
   - * Last Name: Nguyen
   - Suffix:

   Title: Division Chief

Organizational Affiliation:

* Telephone Number: (916) 945-8846
   - Fax Number:

* Email: Rose.R.Nguyen@caloes.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:
    Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:
    97.042
    CFDA Title:
    Emergency Management Performance Grants

* 12. Funding Opportunity Number:
    DHS-15-GRD-042-005-01
    Title:
    Fiscal Year (FY) 2015 Emergency Management Performance Grant Program - Region 9

13. Competition Identification Number:
    Title:

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

* 15. Descriptive Title of Applicant's Project:
    California - FY 2015 Emergency Management Performance Grant

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

17. Proposed Project:
   * a. Start Date:   10/01/2014
   * b. End Date:    09/30/2016

18. Estimated Funding ($):
   
   * a. Federal    27,870,091.00
   * b. Applicant   12,388,468.00
   * c. State       0.00
   * d. Local      15,261,213.00
   * e. Other       0.00
   * f. Program Income 0.00
   * g. TOTAL   55,760,812.00

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 04/16/2015.
   [ ] 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
   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:

Prefix: Mr.   * First Name: Mark
Middle Name:
* Last Name: Ghilarducci
Suffix:

*Title: Director

*Telephone Number: 19161-840-8300   Fax Number:

*Email: Mark.Ghilarducci@caloes.ca.gov

* Signature of Authorized Representative: Rose Nguyen   * Date Signed: 04/16/2015
Application for Federal Assistance SF-424

1. Type of Submission: [ ]1 New [ ]2 Revision

2. Type of Application: [ ]1 Application [ ]2 Continuation [ ]3 Other (Specify)

3. Date Received: [ ]

4. Applicant Identifier: [ ]

5a. Federal Entity Identifier: [ ]

5b. Federal Award Identifier: [ ]

6. Date Received by State: [ ]

7. State Application Identifier: [ ]

8. APPLICANT INFORMATION:

   a. Legal Name: [ ]

   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:

      Department Name: [ ]

      Division Name: [ ]

   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: [ ]
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA - RD

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Lake Don Pedro CSD

* 15. Descriptive Title of Applicant's Project:

Well #2, Medina Well, Well #4

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

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

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

17. Proposed Project:
   * a. Start Date:
   * b. End Date:

18. Estimated Funding ($):
   * a. Federal:
   * 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: Mr.

* First Name: [Redacted]

Middle Name: J

* Last Name: [Redacted]

Suffix: [Redacted]

* Title: General Manager

* Telephone Number: (209) 595-1100

Fax Number: (209) 852-2268

* Email: [Redacted]

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

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

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

3. Date Received: 04/17/2015

4. Applicant Identifier:

5a. Federal Entity Identifier: 

5b. Federal Award Identifier:

6. State Use Only: 

7. Date Received by State: 

8. Applicant Information:

   a. Legal Name: STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1597567

   c. Organizational DUNS: 8083223580000

   d. Address:

      * Street: 1416 5TH 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: PETE

      Middle Name: 

      * Last Name: MARCELLANA

      Suffix: 

      Title: GRANTS ADMINISTRATOR

      Organizational Affiliation:

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

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

**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): 

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

**Catalog of Federal Domestic Assistance Number:**
- 15.665

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

**Funding Opportunity Number:**
- F15AS000092

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

**Competition Identification Number:**

*Title:

**Areas Affected by Project (Cities, Counties, States, etc.):**
- Mendocino (Russian River Basin), Sonoma, Napa, Solano, Marin, Contra Costa, Alameda, Santa Clara, San Francisco, Santa Cruz, San Mateo, parts of Yolo, Sacramento, and San Joaquin Congressional Districts 2, 3, 5, 6, 9, 11, 12, 14, 19

*Title of Applicant's Project:
- CENTRAL COAST NATIVE TROUT CONSERVATION AND FISHERIES ENHANCEMENT

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 103,307.00
   * b. Applicant 0.00
   * c. State 34,436.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 137,743.00

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 04/13/2015.
   ☐ 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 1601)
   ☒ ** 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.
Middle Name:
* Last Name: NICKENS
Suffix:
* Title: CHIEF, GRANTS MANAGEMENT BRANCH
* Telephone Number: (916) 445-9300
Fax Number: (916) 327-6329
* Email: blaine.nickens@wildlife.ca.gov
* Signature of Authorized Representative: Blaine Nickens
* Date Signed: 06/17/2015

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
   - [x] Application
   - [ ] Changed/Corrected Application

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

3. Date Received:

4. Applicant Identifier:
   - Dept. of Food and Agriculture

5a. Federal Entity Identifier:
   - 15-0506-0478-CA

5b. Federal Award Identifier:
   - RECEIVED
   - APR 20 2015
   - STATE CLEARING HOUSE

6. Date Received by State:
   - 04/03/2015

7. State Application Identifier:

8. APPLICANT INFORMATION:
   - a. Legal Name:
     - State of California
   - b. Employer/Taxpayer Identification Number (EIN/TIN):
     - 68-0325104
   - c. Organizational DUNS:
     - 8074876650000
   - d. Address:
     - 1220 N Street, Room 315
     - Sacramento, CA: California
     - USA: UNITED STATES
     - Zip / Postal Code: 95814
   - e. Organizational Unit:
     - Department Name: Food and Agriculture
     - Division Name: Plant Health/Pest Prev Svcs
   - f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix:  
     - First Name: Jason
     - Middle Name:  
     - Last Name: Chan
     - Suffix:  
     - Title:  
     - California Department of Food and Agriculture
     - * Telephone Number: (916) 654-1211
     - Fax Number: (916) 654-0555
     - * Email: jason.chan@cdfa.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:
   - USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:
   - 10-025

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

* 12. Funding Opportunity Number:
   - NA

* Title:
   - NA

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
   - Exotic Woodborer Survey

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

16. Congressional Districts Of:

<table>
<thead>
<tr>
<th>a. Applicant</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Program/Project</td>
<td>CA-all</td>
</tr>
</tbody>
</table>

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

17. Proposed Project:

<table>
<thead>
<tr>
<th>a. Start Date</th>
<th>07/01/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. End Date</td>
<td>06/30/2016</td>
</tr>
</tbody>
</table>

18. Estimated Funding ($):

| a. Federal       | 115,250.00 |
| b. Applicant     | 0.00       |
| c. State         | 0.00       |
| d. Local         | 0.00       |
| e. Other         | 0.00       |
| f. Program Income| 0.00       |
| g. TOTAL         | 115,250.00 |

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 04/20/2015.
- [ ] 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 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 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>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Crystal</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>0</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Myers</td>
</tr>
<tr>
<td>Suffix:</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
<th>Manager, Federal Funds Management Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td>(916) 657-3211</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th><a href="mailto:crystal.myers@cdfa.ca.gov">crystal.myers@cdfa.ca.gov</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Authorized Representative:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Signed:</td>
<td>0</td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
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<tbody>
<tr>
<td>Preapplication</td>
<td>New</td>
<td>4/17/2015</td>
<td></td>
</tr>
<tr>
<td>Application</td>
<td>Continuation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed/Corrected Application</td>
<td>Revision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5a. Federal Entity Identifier:  
5b. Federal Award Identifier:  
RECEIVED  
APR 26 2015  
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

| a. Legal Name: STATE OF CALIFORNIA |
| b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567 |
| c. Organizational DUNS: 8083223580000 |

d. Address:

| * Street1: 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:

<p>| 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: <a href="mailto:steve.wong@wildlife.ca.gov">steve.wong@wildlife.ca.gov</a> |</p>
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
</tr>
<tr>
<td>A: State Government</td>
</tr>
<tr>
<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
</tr>
<tr>
<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
</tr>
<tr>
<td>* Other (specify):</td>
</tr>
<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
</tr>
<tr>
<td>Fish and Wildlife Service</td>
</tr>
<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
</tr>
<tr>
<td>15.605</td>
</tr>
<tr>
<td><strong>CFDA Title:</strong></td>
</tr>
<tr>
<td>Sport Fish Restoration Program</td>
</tr>
<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
</tr>
<tr>
<td>P15AS00092</td>
</tr>
<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td>NE (CA/NV) Sport Fish-Restoration Grant Program for State Fish and Game Agencies</td>
</tr>
<tr>
<td><strong>13. Competition Identification Number:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
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<tr>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>CENTRAL VALLEY FISHERY RESOURCE ASSESSMENT AND MONITORING</td>
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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  1,213,295.00
   * b. Applicant  0.00
   * c. State  404,432.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  1,617,727.00

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 04/17/2015.
   □ 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: 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:  Blaine Nickens  Date Signed: 04/17/2016

Authorized for Local Reproduction

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

**Version 02**

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<td>State of California</td>
<td>94-1697567</td>
<td>8083223580000</td>
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<th>d. Address:</th>
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<tr>
<td>State: CA: California</td>
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<td>Zip / Postal Code: 95814</td>
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<tbody>
<tr>
<td>Prefix: Mr.</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>* Last Name: Marcellana</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Grants Administrator</td>
</tr>
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**Organizational Affiliation:**

<table>
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<tr>
<th>* Telephone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(916) 445-4658</td>
<td>(916) 327-6320</td>
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*Email: pete.marcellana@wildlife.ca.gov*
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<td>* Other (specify):</td>
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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>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td>15.605</td>
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<td>CFDA Title:</td>
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<tr>
<td>Sport Fish Restoration Program</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td>P15AS00092</td>
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<td>* Title:</td>
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<td>RS (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td>Title:</td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td>Shasta and Tehama Counties</td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<td>Upper Sacramento River Salmon and Steelhead Resource Assessment</td>
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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  223,626.00
   * b. Applicant  0.00
   * c. State  74,542.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  298,168.00

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 04/17/2015.
   [ ] 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** 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)
   [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.  
Middle Name:  
* Last Name: Nickens
Suffic:  
* Title: Chief
* Telephone Number: (916) 445-9300  
Fax Number: (916) 327-6320
* Email: blaine.nickens@wildlife.ca.gov
* Signature of Authorized Representative: Blaine Nickens  
* Date Signed: 04/17/2015

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:
   - [X] Application
   - [ ] Preapplication
   - [ ] Changed/Corrected Application

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

3. Date Received:
   - [ ] 01/12/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   - [ ] F15A500092

6. State Use Only:
   - [ ] Date Received by State:
   - [ ] State Application Identifier:
     - [ ] 01598065

8. APPLICANT INFORMATION:

   a. Legal Name:
      - [ ] STATE OF CALIFORNIA

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

   c. Organizational DUNS:
      - [ ] 8083223580000

   d. Address:
      - [ ] Street:
        - [ ] 1416 9TH 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.
      - [ ] Middle Name:
      - [ ] * First Name:
        - [ ] STEVE
      - [ ] * 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:**
- 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

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

**12. Funding Opportunity Number:**
- FLSA900092

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

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

**15. Descriptive Title of Applicant's Project:**
- CALIFORNIA FISH SCREEN & FISH PASSAGE PROGRAM

Attach supporting documents as specified in agency instructions.
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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<td>*b. Applicant</td>
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<td>*g. TOTAL</td>
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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 04/17/2015.
   - [ ] 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** 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: BLAINE</th>
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<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: NICKENS</td>
<td></td>
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<tr>
<td>Suffix:</td>
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<table>
<thead>
<tr>
<th>Title: CHIEF, GRANTS MANAGEMENT BRANCH</th>
</tr>
</thead>
</table>

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

* Email: steve.wong@wildlife.ca.gov

* Signature of Authorized Representative: Blaine Nickens * Date Signed: 04/17/2015
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. Applicant Identifier:
   Control Number: 1201-1702

5a. Federal Entity Identifier:

5b. Federal Award Identifier
   STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Farasis Energy, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
   02-0598260

*c. Organizational DUNS:
   112224220

*d. Address:
   - Street 1: 21363 Cabot Blvd
   - City: Hayward
   - County:
   - *State: CA
   - Province:
   - *Country: USA
   - *Zip / Postal Code: 94545

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

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

Prefix: Dr.
Middle Name: 
*Last Name: Slater
Suffix: 
Title: Senior Scientist

Organizational Affiliation:
*Telephone Number: 510-732-6600 x216
Fax Number:
*Email: mslater@farasis.com
**Application for Federal Assistance SF-424**

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<td>10. Name of Federal Agency:</td>
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<td>CFDA Title:</td>
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<td>12. Funding Opportunity Number:</td>
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<td>Integrated Manufacturing of Advanced Multi-functional Cathode Materials</td>
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**Application for Federal Assistance SF-424**

**Version 02**

**16. Congressional Districts Of:**

* a. Applicant: CA-015  
  *b. Program/Project: CA-015

**17. Proposed Project:**

* a. Start Date: 10/1/2015  
  *b. End Date: 9/30/2017

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

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<td>b. Applicant</td>
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<td>f. Program Income</td>
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**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 4/20/2015
- [ ] 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.)**

- [ ] 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 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:  

Middle Name:  

*Last Name: Kepler

Suffix:  

*Title: Chief Technology Officer

*Telephone Number: 510-732-6600 x203  
Fax Number:

*Email: kkepler@farasis.com

*Signature of Authorized Representative:  

*Date Signed: 4/20/2015

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2003)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

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

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

* 3. Date Received: 04/21/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: 01598088

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number [EIN/TIN]: 94-1597567

* c. Organizational DUNS: 8081223580000

APR 21 2015

d. Address:

* Street: 1416 9TH STREET
  - Street:

* City: SACRAMENTO
  - County/Parish:

* State: CA: California
  - Province:

* Country: USA: UNITED STATES
  - Zip / Postal Code: 95814-0000

e. Organizational Unit:

Department Name: CDFW
  - Division Name: 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
  - Suffix:

Title: GRANT ADMINISTRATOR
  - Organizational Affiliation:

* Telephone Number: 916-323-6201
  - Fax Number:

* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV
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<td>10. Name of Federal Agency:</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
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<td>CFDA Title:</td>
<td>State Wildlife Grants</td>
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<td>* 12. Funding Opportunity Number:</td>
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<tr>
<td>* Title:</td>
<td>SB (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies</td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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</tr>
<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
<td>AQUATIC RESOURCE RESTORATION OF ECHO LAKE BASIN, TRINITY ALPS</td>
</tr>
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</table>

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

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

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2018

18. Estimated Funding ($):

<p>| | |</p>
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<td>a. Federal</td>
<td>70,626.00</td>
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<tr>
<td>b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>c. State</td>
<td>38,029.00</td>
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<td>d. Local</td>
<td>0.00</td>
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<td>f. Program Income</td>
<td>0.00</td>
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<tr>
<td>g. TOTAL</td>
<td>108,655.00</td>
</tr>
</tbody>
</table>

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 04/21/2015.
   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.)
   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 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:   * 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: 04/21/2015
**Application for Federal Assistance SF-424**

**Version 02**

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**3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** P15AS00092

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:** 01598272

**8. APPLICANT INFORMATION:**

* a. Legal Name: **STATE OF CALIFORNIA**

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

* c. Organizational DUNS: **8083223580000**

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<td>* Prefix: Mr.</td>
</tr>
<tr>
<td>* First Name: Pete</td>
</tr>
<tr>
<td>MIDDLE NAME:</td>
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<tr>
<td>* Last Name: Marcellana</td>
</tr>
<tr>
<td>SUFFIX:</td>
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<tr>
<td>TITLE: Grants Administrator</td>
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<tr>
<td>ORGANIZATIONAL AFFILIATION:</td>
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<tr>
<td>* Telephone Number: (916) 468-4658</td>
</tr>
<tr>
<td>* Fax Number: (916) 327-6320</td>
</tr>
<tr>
<td>* Email: <a href="mailto:pete.marcellana@wildlife.ca.gov">pete.marcellana@wildlife.ca.gov</a></td>
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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:
    F15AS00052

    *Title:
    R8 (Ch/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's Southern Humboldt and Mendocino counties

15. Descriptive Title of Applicant's Project:
    Stream and Lake Improvement, Northern Fisheries Assessment

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

16. Congressional Districts Of:

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<th>a. Applicant</th>
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<td>b. Program/Project</td>
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Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

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18. Estimated Funding ($):

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<td>g. TOTAL</td>
<td>281,984.00</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 04/23/2015.
- [ ] 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

- [x] I AGREE

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)

* 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:** Completed by Grants.gov upon submission.

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

* 1. Type of Submission:
   □ Preapplication  
   X Application  
   □ Changed/Corrected Application

* 2. Type of Application:
   □ New  
   □ Continuation  
   □ Revision

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

* 3. Date Received:
   04/28/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   P15A5000092

STATE CLEARING HOUSE

APR 29 2013

6a. Date Received by State:

7. State Application Identifier: gl598076

8. APPLICANT INFORMATION:

a. Legal Name: STATE OF CALIFORNIA

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

c. Organizational DUNS:
   8083223580000

d. Address:
   1416 9TH STREET
   SACRAMENTO
   CA: California
   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: Pete
   Middle Name:
   * Last Name: Marcellana
   Suffix:
   Title: grants Administrator
   Organizational Affiliation:

   * Telephone Number: (916) 445-6658
   Fax Number: (916) 327-6320

   * Email: pete.marcellana@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:
- F15AS000052
- Title: R6 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

### 14. Areas Affected by Project (Cities, Counties, States, etc.):
- Mendocino County and in the headwaters of the Del River watershed in parts of Lake Tehama, Glenn, and Trinity counties Congressional Districts 1 and 2.

### 15. Descriptive Title of Applicant's Project:
- NORTH CENTRAL DISTRICT SALMON AND STEELHEAD 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 ($):**
- a. Federal: 282,476.00
- b. Applicant: 0.00
- c. State: 94,159.00
- d. Local: 0.00
- e. Other: 0.00
- f. Program Income: 0.00
- g. TOTAL: 376,635.00

**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 04/23/2015
- [ ] 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** 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:**
- 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: Blaine Nickens
- * Date Signed: 04/23/2016

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006)
Prescribed by OMB Circular A-102
# APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

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<tr>
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<tr>
<td>Peggy</td>
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| Title:                                      |
| Sponsored Programs Officer                 |
| Organizational Affiliation:                |
| CSU, Monterey Bay                          |
| Telephone Number:                          |
| 32109016877                                 |
| Fax Number:                                 |
|                                            |
| Email:                                     |
| prueda@csunb.edu                           |
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

X: Other (specify)  

Other (specify):
Auxiliary to State Institution
b. Additional Description:

9. Name of Federal Agency:
Bureau of Land Management

10. Catalog of Federal Domestic Assistance Number:
15.231

CFDA Title:
Fish, Wildlife and Plant Conservation Resource Management

11. Descriptive Title of Applicant's Project:
CESU CA BLM Native Plant Materials Fort Ord National Monument Restoration by Return of the Natives 2015-2019

12. Areas Affected by Funding:
Monterey County

13. CONGRESSIONAL DISTRICTS OF:
a. Applicant:  CA-020  b. Program/Project:  CA-020

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

14. FUNDING PERIOD:
a. Start Date:  09/01/2015  b. End Date:  09/30/2019

15. ESTIMATED FUNDING:
a. Federal ($)  $99,993.00  b. Match ($)  0.00

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

X a. This submission was made available to the State under the Executive Order 12372 Process for review on:  06/24/2015  

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

c. Program is not covered by E.O. 12372.
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is the Applicant Delinquent On Any Federal Debt?
   Yes ☐ No ☒

18. 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 ☒

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

Authorized Representative:

Prefix: ____________________________ First Name: ____________________________

Middle Name: ____________________________

Last Name: ____________________________

SocSec: ____________________________

Title: Director, Sponsored Programs Office

Organizational Affiliation: ____________________________

Telephone Number: ____________________________

Fax Number: ____________________________

Email: clopes@csmb.edu

Signature of Authorized Representative: ____________________________

Completed by Grants.gov upon submission.

Date Signed: ____________________________

Completed by Grants.gov upon submission.

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

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**APPLICANT INFORMATION:**

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<tr>
<td>Street2:</td>
</tr>
<tr>
<td>City: SACRAMENTO</td>
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<td>County:</td>
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<th>e. Organizational Unit:</th>
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<tbody>
<tr>
<td>Department Name: CA DEPT OF FISH &amp; WILDLIFE</td>
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<tr>
<td>Division Name: GRANTS MANAGEMENT BRANCH</td>
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<tr>
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<tbody>
<tr>
<td>Prefix: Mr.</td>
</tr>
<tr>
<td>First Name: PETE</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name: MARCELLANA</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: GRANTS ADMINISTRATOR</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
</tr>
<tr>
<td>Telephone Number: (916) 445-3694</td>
</tr>
<tr>
<td>Email: <a href="mailto:pets.marcellana@wildlife.ca.gov">pets.marcellana@wildlife.ca.gov</a></td>
</tr>
</tbody>
</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:
    FISAB000092

* Title:
    99 (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.):
San Pablo Bay, Suisun Bay and Grizzly Bay in the Delta. Lab and office work will be performed at the CDFW Bay Delta Region (East) office in Stockton, San Joaquin County. Congressional Districts 2, 3, 6, 10, and 11.

15. Descriptive Title of Applicant's Project:
Delta Predator/Salmon Monitoring and Assessment

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 149,242.00
   * b. Applicant 0.00
   * c. State 49,747.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 199,989.00

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 04/24/2015.
   X 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.)
   X Yes  No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and assurances, (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: 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: Blaine Nickens  * Date Signed: 04/24/2016

Authorized for Local Reproduction

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

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

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

*3. Date Received:*
04/24/2015

*4. Applicant Identifier:*

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
FLSAS00092

State Use Only:

6. Date Received by State:

7. State Application Identifier:
G1598066

8. APPLICANT INFORMATION:

*a. Legal Name:*
STATE OF CALIFORNIA

*b. Employer/Taxpayer Identification Number (EIN/TIN):*
84-1597567

*c. Organizational DUNS:
8083223550000

*d. Address:

Street1: 1416 5TH 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.
Middle Name:
* Last Name: WONG
SufflX: 

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

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

* Email: steve.wong@wildlife.ca.gov
<table>
<thead>
<tr>
<th><strong>Application for Federal Assistance SF-424</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
</tr>
<tr>
<td>A: State Government</td>
</tr>
<tr>
<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td>* Other (specify):</td>
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<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
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<tr>
<td>Fish and Wildlife Service</td>
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<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<tr>
<td>15.605</td>
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<tr>
<td>CFDA Title:</td>
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<td>Sport Fish Restoration Program</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td>P15A00092</td>
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<td>R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td>Title:</td>
</tr>
<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<tr>
<td>STATEWIDE</td>
</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
</tr>
<tr>
<td>FLATWATER FISHERY MANAGEMENT AND RESEARCH</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 1,180,766.00  
   * b. Applicant 0.00  
   * c. State 386,822.00  
   * d. Local 0.00  
   * e. Other 0.00  
   * f. Program Income 0.00  
   * g. TOTAL 1,547,688.00  

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  

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:  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: 04/24/2016  

Authorized for Local Reproduction

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

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<th>2. Type of Application:</th>
<th>* If Revision, select appropriate letter(s):</th>
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<td>C: Increase Duration</td>
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<tr>
<td>☑ Application</td>
<td>☑ Continuation</td>
<td>* Other(Specify):</td>
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**State Use Only:**

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**8. APPLICANT INFORMATION:**

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<th>a. Legal Name:</th>
<th>State of California</th>
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<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>c. Organizational DUNS:</th>
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<td>68-0325104</td>
<td>807487650000</td>
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<th>d. Address:</th>
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<tbody>
<tr>
<td>* Street: 1220 N Street, Room 231</td>
</tr>
<tr>
<td>Street2:</td>
</tr>
<tr>
<td>* City: Sacramento</td>
</tr>
<tr>
<td>County/Parish:</td>
</tr>
<tr>
<td>* State: California</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>* Country: USA: UNITED STATES</td>
</tr>
<tr>
<td>* Zip / Postal Code: 95814</td>
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**e. Organizational Unit:**

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<tr>
<th>Department Name:</th>
<th>Division Name:</th>
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<tr>
<td>CA Dept of Food &amp; Agriculture</td>
<td>Plant Health &amp; Pest Prevention</td>
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</table>

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

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: David</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: Pegos</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
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<tr>
<td>Title:</td>
<td></td>
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**Organizational Affiliation:**

| California Department of Food and Agriculture |

<table>
<thead>
<tr>
<th>* Telephone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(916) 654-6627</td>
<td>(916) 651-2900</td>
</tr>
</tbody>
</table>

**Email:** david.pegos@cdfa.ca.gov
## Application for Federal Assistance SF-424

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

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

### 11. Catalog of Federal Domestic Assistance Number:
- 10-025

### 11. Catalog of Federal Domestic Assistance Number (cont.):
- CFDA Title:
  - Plant and Animal Disease, Pest Control, and Animal Care

### 12. Funding Opportunity Number:

### 12. Funding Opportunity Number (cont.):
- **Title:**

### 13. Competition Identification Number:

### 13. Competition Identification Number (cont.):
- **Title:**

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

### 15. Descriptive Title of Applicant's Project:
- **Don't Pack a Pest**

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

16. Congressional Districts Of:
  * a. Applicant CA-055
  * b. Program/Project CA-X11

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

17. Proposed Project:
  * a. Start Date: 05/01/2014
  * b. End Date: 12/31/2015

18. Estimated Funding ($):
  * a. Federal 149,760.00
  * b. Applicant
  * c. State
  * d. Local
  * e. Other
  * f. Program Income
  * g. TOTAL 149,760.00

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 05/16/2014.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
   □ Yes
   □ No
   If "Yes," provide explanation and attach

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 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:                          * First Name: Crystal
Middle Name:                     
Last Name:                      Myers
Suffix:                          

* Title: Federal Funds Manager

* Telephone Number: (916) 587-3231 Fax Number: 

* Email: crystal.myers@ceda.ca.gov

* Signature of Authorized Representative: 
* Date Signed: 5/28/15
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):  
- Select One -

* 3. Date Received:  4. Application Identifier:  
3-06-0087  

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:  City of Fresno

* b. Employer/Taxpayer Identification Number (EIN/TIN):  94-6000338

* c. Organizational DUNS:  17-678-5079

d. Address:

* Street1:  4995 East Clinton Way
Street 2:  
* City:  Fresno
* County:  Fresno
* State:  CA
* Province:  
* Country:  USA
* Zip/ Postal Code:  93727

e. Organizational Unit:

Department Name:  Airports
Division Name:  Projects

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

Prefix:  Mr.  First Name:  Kevin
Middle Name:  
* Last Name:  Meikle
Suffix:  
Title:  Director of Aviation

Organizational Affiliation:

* Telephone Number:  (559) 621-4600  Fax Number:  (559) 498-5549
* Email:  kevin.meikle@fresno.gov
**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:

Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Fresno, Madera, Kings, Tulare, Merced and Mariposa Counties of California

*15. Descriptive Title of Applicant’s Project:
   Fresno Yosemite International Airport (FAT) Rehabilitation of West Commercial Aviation Apron (Construction)
   Existing pavement was installed in 1961 (overlayed in 1980) and 1987
   2014 PCI ranges: PCC = 3, AC = 11
   New PCC = approx. 230,000 sq. ft.
   New AC = approx. 385,000 sq. ft.

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-016

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

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

18. Estimated Funding ($):

   *a. Federal 10,843,638.00
   *b. Applicant 1,117,136.00
   *c. State
   *d. Local
   *e. Other
   *f. Program income
   *g. TOTAL 11,960,774.00

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 04/22/2015
   [ ] 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: Kevin

   Middle Name:
   *Last Name: Meikle

   Suffix:

   *Title: Director of Aviation

   *Telephone Number: (559) 621-4600    Fax Number: (559) 498-5549

   *Email: kevin.meikle@fresno.gov

   *Signature of Authorized Representative: [Signature]

   *Date Signed: 4-22-15
Application for Federal Assistance SF-424

3. Date Received: APR 27 2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: STATE CLEARING HOUSE

8a. Legal Name: Coachella Valley Housing Coalition

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3814898

c. Organizational DUNS: 6132810710000

d. Address:

45701 Monroe Street

Indio, Riverside, California, USA: UNITED STATES

Zip / Postal Code: 92201-3964

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: John

Middle Name: F.

* Last Name: Mealey

Suffix:

Title: Executive Director

Organizational Affiliation:

Coachella Valley Housing Coalition

* Telephone Number: (760) 347-3157 Fax Number: (760) 342-6466

* Email: john.mealey@cvhc.org
# Application for Federal Assistance SF-424

**9. Type of Applicant:**
- M: Nonprofit with 501(c)(3) IRS Status
- (Other than Institution of Higher Education)

**Type of Applicant 2:**

**Type of Applicant 3:**

**Other (specify):**

**10. Name of Federal Agency:**
- Rural Housing Service

**11. Catalog of Federal Domestic Assistance Number:**
- 10.405 & 10.427

**CFDA Title:**
- Farm Labor Housing Loans and Grants / Rural Rental Assistance Payments

**12. Funding Opportunity Number:**
- Section 514 and Section 516

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

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant’s Project:**
- Paseo de Los Heroes III is an 81 unit project to include 16-2bd/1ba, 54-3bd/2ba, 11-4bd/2ba units, a community room, computer lab, fitness room, tot lot & sports court.

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

16. Congressional Districts Of:
   * a. Applicant 45th
   * b. Program/Project 45th

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

17. Proposed Project:
   * a. Start Date: 10/15/16
   * b. End Date: 01/31/18

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 13272 Process?
   - [ ] a. This application was made available to the State under the Executive Order 13272 Process for review on 4/3/15.
   - [ ] b. Program is subject to E.O. 13272 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 13272.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment):
   - [ ] Yes
   - [x] No

   [ ] Yes

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

   [ ] * I AGREE

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

Authorized Representative:
Prefix: Mr.  * First Name: John
Middle Name: F.
* Last Name: Mealey
Suffix: 

* Title: Executive Director
* Telephone Number: (760) 347-3457  * Fax Number: (760) 342-6466
* Email: john.mealey@cvnc.org

* Signature of Authorized Representative: * Date Signed: 04/14/2015
**Application for Federal Assistance SF-424**

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

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

*3. Date Received:*
04/27/2015

*4. Applicant Identifier:*

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State: 

7. State Application Identifier: 01598001

8. APPLICANT INFORMATION:

*a. Legal Name:*
STATE OF CALIFORNIA

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

*c. Organizational DUNS:*
808223562000

*d. Address:*
- **Street:** 1416 Ninth Street
- **City:** Sacramento
- **State:** CA: California
- **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:** Ms.
- **First Name:** Melissa
- **Last Name:** Jones
- **Title:** Grant Administrator

*Telephone Number:*
916-327-0062

**Fax Number:**

*Email:*
Melissa.Jones@wildlife.ca.gov
**Application for Federal Assistance SF-424**

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<tr>
<td>A: State Government</td>
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| Type of Applicant 2: Select Applicant Type: |

| Type of Applicant 3: Select Applicant Type: |

| *Other (specify): |

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<td>R8 (CA/WV) Wildlife Restoration Grant Program for State Fish and Game Agencies</td>
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<th>13. Competition Identification Number:</th>
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<table>
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<tr>
<th>Title:</th>
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<tr>
<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<td>Santa Barbara (24), Ventura (24 &amp; 26), Los Angeles (25 7 27), San Diego (50), Mono (8), Inyo, San Bernardino (8), Riverside (36), Imperial (51), Tuolumne (4), Fresno (22 &amp; 23), Tulare (23), and Kern (23)</td>
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<table>
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<tr>
<th>15. Descriptive Title of Applicant's Project:</th>
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</thead>
<tbody>
<tr>
<td>Wildlife Habitat Inventories and Research: Desert Bighorn Sheep Management Project</td>
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</table>

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

16. Congressional Districts Of:
   * a. Applicant [CA-006]
   * b. Program/Project [CA-ALL]

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

Add Attachment  Delete Attachment  View Attachment

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

18. Estimated Funding ($):

<p>| | |</p>
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<td>189,513.00</td>
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<td>* b. Applicant</td>
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<td>* e. Other</td>
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<td>* f. Program Income</td>
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<td>* g. TOTAL</td>
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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 04/27/2015.
   - [ ] 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 218, Section 1001)

   ** 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: Lima  
Middle Name:  
* Last Name: Bays  
Suffix:  

* Title: [SNSI]  

* Telephone Number: (916) 445-3791  
Fax Number:  

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

* Signature of Authorized Representative: Lima Bays  
* Date Signed: 04/27/2015  

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:**
4/27/2016

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. State Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:** 01598016

**B. APPLICANT INFORMATION**

**a. Legal Name:** STATE OF CALIFORNIA

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

**c. Organizational DUNS:** 8083223580000

**d. Address:**

- **Street:** 1416 NINTH STREET
- **Street:** SUITE 1211
- **City:** SACRAMENTO
- **State:** CA: California
- **Province:**
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 95814

**e. Organizational Unit:**

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<th>Department Name</th>
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<tr>
<td>CDPW</td>
<td>Grants Management Branch</td>
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**f. Name and contact information of person to be contacted on matters involving this application:**

- **Prefix:** Ma.
- **First Name:** Melissa
- **Middle Name:**
- **Last Name:** Jones
- **Suffix:**
- **Title:** Grant Administrator
- **Organizational Affiliation:**

**Telephone Number:** 916-127-0662

**Email:** melissa.jones@wildlife.ca.gov

**RECEIVED APR 27 2015**

**STATE CLEARING HOUSE**
**Application for Federal Assistance SF-424**

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<td>Imperial (51), Inyo (6), Mono (8), Riverside (36), and San Bernardino (8)</td>
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<th>15. Descriptive Title of Applicant's Project:</th>
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<tbody>
<tr>
<td>Wildlife Surveys and Inventories: Wildlife Management of the Inland Deserts Region (Game)</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-006
   * 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
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL

   771,272.00
   0.00
   257,091.00
   0.00
   0.00
   9.00
   1,028,363.00

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 04/27/2015
   □ 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** 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:

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

   * Title: 8SM1

   * Telephone Number: 916-445-37001  Fax Number: 

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

   * Signature of Authorized Representative: Lisa Baya  * Date Signed: 04/27/2015
**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:**
   - 04/26/2015

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:**
   - F15A800092

6. **Date Received by State:**

7. **State Application Identifier:**
   - 01598060

8. **APPLICANT INFORMATION:**

   - **a. Legal Name:** STATE OF CALIFORNIA

   - **b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-169567

   - **c. Organizational DUNS:** 8083223580000

   - **d. Address:**
     - **Street1:** 1416 9TH STREET
     - **City:** SACRAMENTO
     - **State:** CA: California
     - **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**

**8. 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:**

[Insert Catalog Number]

**CFDA Title:**

Sport Fish Restoration Program

**12. Funding Opportunity Number:**

[Insert Funding Opportunity Number]

*Title:

[Insert Title]

**13. Competition Identification Number:**

[Insert Competition Identification Number]

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

Butte, Colusa, Glen, Sacramento, San Joaquin, Sutter, and Yolo counties

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

LOWER SACRAMENTO RIVER ANADROMOUS FISH RESTORATION

Attach supporting documents as specified in agency instructions.
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   | 360,297.00 |
   | b. Applicant | 0.00       |
   | c. State     | 120,099.00 |
   | d. Local     | 0.00       |
   | e. Other     | 0.00       |
   | f. Program Income | 0.00   |
   | g. TOTAL     | 480,396.00 |

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 04/24/2015.
   - [ ] 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. **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>[ ] Mr.</th>
<th>[ ] Mrs.</th>
<th>[ ] Dr.</th>
<th>* First Name: BLAINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>NICKENS</td>
<td></td>
<td></td>
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<tr>
<td>Suffix</td>
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<table>
<thead>
<tr>
<th>Title</th>
<th>CHIEF, GRANTS MANAGEMENT BRANCH</th>
</tr>
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<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>(916) 445-9300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax Number:</td>
<td>(916) 327-6320</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Signature of Authorized Representative:</th>
<th>BLAINE NICKENS</th>
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<tbody>
<tr>
<td>Date Signed:</td>
<td>04/25/2015</td>
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Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102
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:
R8 (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.):
    Imperial (61), Inyo (8), Mono (8), Riverside (36), and San Bernardino (4)

15. Descriptive Title of Applicant's Project:
    Wildlife Surveys and Inventories (Non-Game): Resource Assessment in the Sierra Nevada and Peninsular Regions

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   *a. Applicant  CA-006
   *b. Program/Project  CA-ALL
   Attach an additional list of Program/Project Congressional Districts if needed.
   [Add Attachment]  [Delete Attachment]  [View Attachment]

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

18. Estimated Funding ($):
   *a. Federal  760,763.00
   *b. Applicant  0.00
   *c. State  233,583.00
   *d. Local  0.00
   *e. Other  0.00
   *f. Program Income  0.00
   *g. TOTAL  934,351.00

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 04/24/2015
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   [ ] c. Program is not covered by E.O. 12372.

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   [ ] Yes  [ ] No  [ ] Explanation

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   [ ] I AGREE

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

Authorized Representative:

Prefix:
Middle Name:
* Last Name: Bays
Suffix:
* Title: SGM
* Telephone Number: (916) 445-3701
* Fax Number: 
* Email: Lisa.Bays@wildlife.ca.gov
* Signature of Authorized Representative: Lisa Bays  * Date Signed: 04/24/2016
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:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

State Clearinghouse

APR 27 2015

8. APPLICANT INFORMATION:

* a. Legal Name: Apple Valley View Mutual Water Company

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   95-6102132

* c. Organizational DUNS:
   122334100

* d. Address:
   P. O. Box 3680
   Apple Valley
   San Bernardino, CA
   USA

* Zip/Postal Code: 92307

8. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.

First Name: James

Last Name: Owens

Suffix: III.

Title: Consulting Engineer

Organizational Affiliation:

NV5, consulting engineer for Apple Valley View Mutual Water Company

*Telephone Number: 858-385-0500 x- 187

Fax Number: 858-385-0400

*Email: james.owens@nv5.com
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:  
   - Select One -
   X. Other (specify)
   - Other (specify): Mutual Water Company

*10. Name of Federal Agency:*  
   USDA - Rural Development

11. Catalog of Federal Domestic Assistance Number:  
    10-760

CFDA Title:  
    Water and Waste Disposal Loan and Grant Program

*12. Funding Opportunity Number:*

*Title:*

13. Competition Identification Number:  
   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):  
    Service area of Apple Valley View MWC (unincorporated San Bernardino County).

*15. Descriptive Title of Applicant’s Project:*
    2015 USDA Water System Improvements

*Attach supporting documents as specified in agency instructions.*
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<td>* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1597567</td>
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<td>* c. Organizational DUNS: 8083223580000</td>
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<td><strong>d. Address:</strong></td>
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<td><strong>Zip / Postal Code:</strong> 95814-0000</td>
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<td><strong>Department Name:</strong></td>
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<td><strong>Division Name:</strong> GRANTS MANAGEMENT BRANCH</td>
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<td><strong>f. Name and contact information of person to be contacted on matters involving this application:</strong></td>
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<tr>
<td><strong>Prefix:</strong></td>
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<td><strong>First Name:</strong> BRIAN</td>
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<td><strong>Middle Name:</strong></td>
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<td><strong>Last Name:</strong> SALAZAR</td>
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<td><strong>Organizational Affiliation:</strong></td>
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<tr>
<td><strong>Telephone Number:</strong> 916-323-6201</td>
</tr>
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<td><strong>Fax Number:</strong></td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:BRIAN.SALAZAR@WILDLIFE.CA.GOV">BRIAN.SALAZAR@WILDLIFE.CA.GOV</a></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<td>ASSESSING IMPACTS OF WILDFIRE ON CALIFORNIA SPOTTED OWLS</td>
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<tr>
<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 CA-006  
   * b. Program/Project CA-004

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2018

18. Estimated Funding ($):
   * e. Federal 149,034.00
   * b. Applicant 0.00
   * c. State 80,249.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 229,283.00

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 04/28/2015
   [ ] 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

   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:  
Middle Name:  
* Last Name: BAYS
Suffic:  
* Title: STAFF SERVICES MANAGER I
* Telephone Number: 916-445-3701
Fax Number:  
* Email: LISA.BAYS@LOLFRE.CA.GOV
* Signature of Authorized Representative: Lisa Bays  
* Date Signed: 04/28/2015
Application for Federal Assistance SF-424

Version 02

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

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

If Revision, attach appropriate letter(s):

3. Date Received:
   04/26/2016

4. Applicant Identifier:
   [RECEIVED]
   APR 26 2015

5a. Federal Entity Identifier:

   5b. Federal Award Identifier:
   [STATE CLEARING HOUSE]
   01568087

6a. State Use Only:

7. State Application Identifier:
   01568087

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

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

   c. Organizational DUNS:
   808329560000

   d. Address:
   3416 9TH STREET
   SACRAMENTO

   e. Organizerial Unit:
   CDPW
   GRANTS MANAGEMENT BRANCH

   f. Name and contact information of person to be contacted on matters involving this application:
   Prefix: Mr.
   Middle Name: 
   Last Name: SALAZAR
   Suffix: 
   Title: GRANT ADMINISTRATOR
   Telephone Number: 916-323-6201
   Fax Number: 
   Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV
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<td>State Wildlife Grants</td>
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<td>* Title:</td>
<td>R8 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies</td>
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<td>13. Competition Identification Number:</td>
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<td>Title:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>INFO (8), KERN (21/22), AND TULARE (23) COUNTIES</td>
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<td>15. Descriptive Title of Applicant's Project:</td>
<td>KERN PLATEAU NATIVE FISH ASSEMBLAGE RESOURCE ASSESSMENT AND MANAGEMENT</td>
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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-006] * 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 40,629.00
   * b. Applicant 0.00
   * c. State 21,877.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 62,506.00

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 04/28/2015.
   [ ] 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  

   **AGREE**

   "By signing this application, I certify (1) to the statements contained in the list of certifications and assurances** 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)

   ** 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: 916-445-3761  
Fax Number:  

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

*Signature of Authorized Representative:  
*Date Signed: 04/28/2016

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
   - [X] Application
   - [ ] Changed/Corrected Application

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

3. Date Received: 04/28/2015

4. Applicant Identifier: [RECEIVED]
   - [ ] APR 28 2015

5a. Federal Entity Identifier:

5b. Federal Award Identifier: F15AS00092

6a. State Use Only: STATE CLEARING HOUSE

7. State Application Identifier: 0159061

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

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

   c. Organizational DUNS: 800223580000

   d. Address:
      - Street1: 1416 9TH STREET
      - City: SACRAMENTO
      - County: SG COUNTY
      - State: CA
      - Country: USA
      - Zip/Postal Code: 95824

   e. Organizational Unit:
      - Department Name: CA DEPT OF FISH AND 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) 337-6320

   * Email: steve.wong@wildlife.ca.gov
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<td><strong>8. Type of Applicant 1: Select Applicant Type:</strong></td>
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<td>A. State Government</td>
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<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td>* Other (specify):</td>
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<td>CFDA Title:</td>
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<td>Sport Fish Restoration Program</td>
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<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
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<td>F15A800092</td>
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<td>*Title:</td>
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<td>R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
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<tr>
<td><strong>13. Competition Identification Number:</strong></td>
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<tr>
<td>Title:</td>
</tr>
<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
</tr>
<tr>
<td>El Dorado, Nevada, Placer, Plumas, Sierra and Yuba Counties; Congressional Districts CA 001, 004, and 005.</td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>TECHNICAL GUIDANCE FOR INLAND TROUT FISHERIES ENHANCEMENT</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

18. 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  153,870.00
   * b. Applicant  0.00
   * c. State  51,290.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  205,160.00

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 04/20/2015.
   - [ ] 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.)
   - [ ] 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 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:  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:  04/28/2015
**Application for Federal Assistance SF-424**  
**Version 02**

1. **Type of Submission:**  
   - [X] Application  

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

3. **Date Received:** 04/28/2015

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

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

**STATE CLEARING HOUSE**

6. **Date Received by State:**

7. **State Application Identifier:** G1598063

8. **APPLICANT INFORMATION:**

   a. **Legal Name:** STATE OF CALIFORNIA

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

   c. **Organizational DUNS:** 8063223580000

   d. **Address:**
      - **Street:** 1416 9TH STREET
      - **City:** SACRAMENTO
      - **State:** CA: California
      - **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
      - **Title:** GRANTS ADMINISTRATOR

5. **Telephone Number:** (916) 445-3694
   - **Fax Number:** (916) 527-6320

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

**Version 02**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify): 

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

11. **Catalog of Federal Domestic Assistance Number:**
    - 15.605
    - CFDA Title:
      - Sport Fish Restoration Program

12. **Funding Opportunity Number:**
    - F15AR00092

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

13. **Competition Identification Number:**

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

15. **Descriptive Title of Applicant's Project:**
    - Fish Hatchery Operations - Fish Health Laboratory

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

18. 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 371,936.00
   * b. Applicant 0.00
   * c. State 123,979.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 495,915.00

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.)
   ☐ 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: BLAINE
Middle Name:
* Last Name: WICKENS
Suffix:
* Title: CHIEF, GRANTS MANAGEMENT BRANCH

* Telephone Number: (916) 445-9300
Pax Number: (916) 327-6320
* Email: blaine.wickens@wildlife.ca.gov

* Signature of Authorized Representative: Blaine Wickens
* Date Signed: 06/30/2015

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
  - Changes/Correction Application

* 2. Type of Application:
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  - Continuation
  - Revision

* If Revision, select appropriate letter(s):

* 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:

B. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS:
  803223560000

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: Pete
  Middle Name:  
  * Last Name: Marcellana
  Suffix:  
  Title: GRANTS ADMINISTRATOR

  Organizational Affiliation:

  * Telephone Number: (916) 445-4658
  Fax Number: (916) 327-6320

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

**Version 02**

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<th>9. Type of Applicant 1: Select Applicant Type:</th>
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<tr>
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| Type of Applicant 2: Select Applicant Type: |

| Type of Applicant 3: Select Applicant Type: |

* Other (specify):

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<th>10. Name of Federal Agency:</th>
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<td>Fish and Wildlife Service</td>
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<th>CFDA Title:</th>
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<tr>
<td>Sport Fish Restoration Program</td>
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* 12. Funding Opportunity Number:  

| F15AS00092  |

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<th>*Title:</th>
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<tr>
<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tbody>
<tr>
<td>Counties: Shasta, Modoc, Siskiyou, Trinity, Del Norte, Tehama, Humbolt</td>
</tr>
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* 16. Descriptive Title of Applicant's Project:  

| HERITAGE AND WILD TROUT RESOURCE ASSESSMENT MST NR |

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-1

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  40,245.00
   * b. Applicant  0.00
   * c. State  13,415.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  53,660.00

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 04/27/2015
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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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:  blaine.nickers@wildlife.ca.gov

Signature of Authorized Representative:  Blaine Nickers

Date Signed:  04/27/2015

Authorized for Local Reproduction
Application for Federal Assistance SF-424

Version 02

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

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

3. Date Received: 04/27/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: F15AB060092

6. Date Received by State:

7. State Application Identifier: G1598029

8. APPLICANT INFORMATION:
   a. Legal Name: STATE OF CALIFORNIA
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567
   c. Organizational DUNS: 8083223580000
   d. Address:
      - Street: 1415 9TH 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: PETER
      - Middle Name: 
      - Last Name: MARCELLANA
      - Suffix: 
      - Title: GRANTS ADMINISTRATOR
      - Organizational Affiliation:
      - Telephone Number: (916) 445-4658
      - Fax Number: (916) 327-6320
      - Email: peter.marcellana@wildlife.ca.gov

RECEIVED APR 28 2015
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<tr>
<td>Title:</td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
</tr>
<tr>
<td>Mendocino and Sonoma, Napa, Marin, San Mateo, Santa Cruz, Santa Clara, Contra Costa, and Alameda Counties Congressional Districts 2, 5, 14, 15, 11, 16, and 19.</td>
</tr>
<tr>
<td>16. Descriptive Title of Applicant's Project:</td>
</tr>
<tr>
<td>Northern Central Coast Watershed Restoration Project</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: 06/30/2015

18. Estimated Funding ($):

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>339,925.00</td>
<td></td>
</tr>
<tr>
<td>b. Applicant</td>
<td>0.00</td>
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<tr>
<td>c. State</td>
<td>113,308.00</td>
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<tr>
<td>d. Local</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>e. Other</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>453,233.00</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 04/22/2015
   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: 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: Blaine Nickens
Date Signed: 04/27/2015

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  
   - [X] Application  
   - [ ] Changed/Corrected Application

2. Type of Application:  
   - [X] New

3. Date Received: 04/29/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

8. APPLICANT INFORMATION:

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

   b. Employer/Taxpayer Identification Number (EIN/TIN): 946036494

   c. Organizational DUNS: 6045919250000

   d. Address:

      Street1: Agriculture and Natural Resources, Contract and Grants

      Street2: 2801 Second Street

      City: Davis

      County/Parish: Yolo

      State: CA: California

      Province:  

      Country: USA: UNITED STATES

      Zip / Postal Code: 95618-7774

8a. Organizational Unit:

   Department Name: Agricultural Issues Center

   Division Name: UC DANR

8b. Name and contact information of person to be contacted on matters involving this application:

   Prefix: Prof.

   First Name: Daniel

   Last Name: Summer

   Suffix:  

   Title: Director and Professor

   Organizational Affiliation: University of California

   * Telephone Number: 530 752 1668

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

**9. Type of Applicant 1: Select Applicant Type:**
- 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:**
- Natural Resources Conservation Service

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

**CFDA Title:**

**12. Funding Opportunity Number:**

**USDA-NRCS-CIG-15-01**

**Title:**
- USDA-NRCS-CIG-15-01

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- Evaluations of innovative dairy digester systems for manure management and greenhouse gas mitigation in California

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: US-ALL

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

17. Proposed Project:
   * a. Start Date: 09/15/2015
   * b. End Date: 09/14/2017

18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>a. Federal</td>
<td>168,966.00</td>
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<td>b. Applicant</td>
<td>153,972.00</td>
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<td>c. State</td>
<td>0.00</td>
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<td>d. Local</td>
<td>0.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>16,400.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>339,338.00</td>
</tr>
</tbody>
</table>

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   - [ ] 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 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: 
Middle Name: 
* First Name: Kendra
* Last Name: Rose
Suffix: 

*Title: Contracts and Grants Analyst

*Telephone Number: 530-750-1276
Fax Number: 

*Email: ktrrose@ucanr.edu

*Signature of Authorized Representative: Kendra Rose
* Date Signed: 04/29/2015