Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse December 16-31, 2014. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* 3. Date Received:
   12/15/2014

* 4. Applicant Identifier:
   Mendt 15-243

* 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: Cal Poly Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   951648180

* c. Organizational DUNS:
   0293262460000

* d. Address:
   One Grand Avenue
   City: San Luis Obispo
   State: CA: California
   Zip / Postal Code: 934070830

* e. Organizational Unit:
   Department Name: Center for Coastal Marine Sci.
   Division Name: College of Science and Math

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

Prefix: 
* First Name: Susanne
Middle Name: 
* Last Name: Gartner
SUFFIX: 

Title: Analyst, Grants Development Office

Organizational Affiliation:
California Polytechnic State University, San Luis Obispo

* Telephone Number: 805-756-6271
Fax Number: 805-756-5466

* Email: sgartner@calpoly.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:**

Department of Commerce

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

11.427

CFDA Title:

Fisheries Development and Utilization Research and Development Grants and Cooperative Agreements Program

**12. Funding Opportunity Number:**

NOAA-NMFS-FRQ-2015-2004246

* Title:

2014/2015 Saltonstall Kennedy (2014/15 S-K)

**13. Competition Identification Number:**

2505665

Title:

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

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

Improving the Data Available for Stock Assessments and Management of West Coast Groundfish through Collaborative Research

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

16. Congressional Districts Of:
   * a. Applicant CA-024
   * b. Program/Project CA-024

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

17. Proposed Project:
   * a. Start Date: 06/01/2015
   * b. End Date: 05/31/2017

18. Estimated Funding ($): 390,559.00
   * a. Federal
   * b. Applicant 107,082.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 497,641.00

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 12/15/2014
   ❌ 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 218, Section 1001)

   ✔️ ** I AGREE

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

Authorized Representative:

Prefix:      * First Name: Amy
Middle Name: 
* Last Name: Velasco
Suffix:      
* Title: Director, Grants Development Office

* Telephone Number: 805-756-2992    Fax Number: 805-756-5466
* Email: grants@calpoly.edu

* Signature of Authorized Representative: Amy Velasco  * Date Signed: 12/15/2014
**Application for Federal Assistance SF-424**

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<tr>
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*3. Date Received:* 12/16/2014  
*4. Applicant Identifier:* Dept. of Food and Agriculture  
* STATE CLEARING HOUSE*

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<td>E8-0335104</td>
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<td>State: CA: California</td>
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<td>Country: USA: UNITED STATES</td>
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**e. Organizational Unit:**

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<tr>
<td>Food and Agriculture</td>
<td>Plant Health/Pest Prev Svcs</td>
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**f. Name and contact information of person to be contacted on matters involving this application:**

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<tr>
<td></td>
<td>Jason</td>
<td></td>
<td>Chan</td>
<td></td>
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**Organizational Affiliation:**

California Department of Food and Agriculture

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<tr>
<th>* Telephone Number:</th>
<th>* Fax Number:</th>
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<tr>
<td>(916) 654-1211</td>
<td>(916) 654-0555</td>
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*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:**

European Grapevine Moth

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

16. Congressional Districts Of:

- **a. Applicant**: 6
- **b. Program/Project**: CA-all

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

17. Proposed Project:

- **a. Start Date**: 01/01/2015
- **b. End Date**: 12/31/2015

18. Estimated Funding ($):

- **a. Federal**: 1,251,094.00
- **b. Applicant**: 0.00
- **c. State**: 0.00
- **d. Local**: 0.00
- **e. Other**: 0.00
- **f. Program Income**: 0.00
- **g. TOTAL**: 1,251,094.00

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 12/15/2014.
- **x** b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- **x** 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
- **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**: 
- **First Name**: Crystal
- **Middle Name**: 
- **Last Name**: Myers
- **Suffix**: 
- **Title**: Manager, Federal Funds Management Office
- **Telephone Number**: (916) 657-3231
- **Fax Number**: 
- **Email**: crystal.myers@cdfa.ca.gov
- **Signature of Authorized Representative**: 
- **Data Signed**: 

---

*Note: The text contains placeholders and generic information, such as dates, which are not relevant to the specific context of the application.*
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:
   - Dec 17 2014

Go. Federal Entity Identifier:
- [ ] D. S. Bureau of Reclamation

* 5a. Federal Award Identifier:
   - Concentrate Reduction Facility

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:
   - Inland Empire Utilities Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 65-6004409

* c. Organizational DUNS:
   - 843686206

d. Address:

- * Street:
  - 6075 Kimball Ave

- * City:
  - Chino

- * County:
  - San Bernardino

- * State:
  - CA: California

- * Province:

- * Country:
  - USA: UNITED STATES

- * Zip / Postal Code:
  - 91708-9274

e. Organizational Unit:

- Department Name:
  - Accounting & Fiscal Management

- Division Name:
  - Grants Administration

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

- Prefix:
  - Mr.

- * First Name:
  - Jason

- Middle Name:
  - M.

- * Last Name:
  - Gu

- Suffix:

- Title:
  - Grants Officer

Organizational Affiliation:
- Staff

- * Telephone Number:
  - 909-993-1636

- Fax Number:
  - (909) 993-1966

* Email:
  - jgu@ieuca.org
Application for Federal Assistance SF-424

8. Type of Applicant 1: Select Applicant Type:
   D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
    15.504
    CFDA Title:
    Title XVI Water Reclamation and Reuse Program

12. Funding Opportunity Number:
    R2SA6000008
    * Title:
    WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2015

13. Competition Identification Number:
    
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    City of Chino, City of Chino Hills, City of Ontario, City of Norco
    Unincorporated Riverside County near community of Jurupa, San Bernardino County, Riverside County, California

15. Descriptive Title of Applicant's Project:
    Brine Concentrate Reduction Facility Project, Part of the Lower Chino Dairy Area Desalination Project

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

Version 02

16. Congressional District(s):
   * a. Applicant
   * b. Program/Project

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

List of Congressional Districts

17. Proposed Project:
   * a. Start Date: 01/01/2010
   * b. End Date: 03/31/2016

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 13372 Process?
   x a. This application was made available to the State under the Executive Order 12372 Process for review on 12/16/2014.
   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.)
   ☑ 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 210, Section 1001)

   ☑ I AGREE

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

Authorized Representative:

Prefix: Mr.
Middle Name: Joseph
* Last Name: Johnson
Suffix: 
Title: General Manager
* Telephone Number: 809-931-1600
Fax Number: 809-931-1988
* Email: jgrinda家纺@ieua.org

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

Authorized for Local Reproduction

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

* Applicant Federal Debt Delinquency Explanation

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

<table>
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<td><strong>d. Address:</strong></td>
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<tr>
<td><strong>Street:</strong></td>
<td>3550 WILSHIRE BLVD., SUITE 500</td>
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<tr>
<td><strong>City:</strong></td>
<td>LOS ANGELES</td>
</tr>
<tr>
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<tr>
<td><strong>Prefix:</strong></td>
<td>Ms.</td>
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<tr>
<td><strong>First Name:</strong></td>
<td>GLORAYA</td>
</tr>
<tr>
<td><strong>Last Name:</strong></td>
<td>MOORE</td>
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<tr>
<td><strong>Title:</strong></td>
<td>EXECUTIVE DIRECTOR</td>
</tr>
<tr>
<td><strong>Telephone Number:</strong></td>
<td>213-805-4273</td>
</tr>
<tr>
<td><strong>Fax Number:</strong></td>
<td>213-388-4932</td>
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<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:CHOORE@COMMUNITYCAREER.ORG">CHOORE@COMMUNITYCAREER.ORG</a></td>
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**Authorized for Local Reproduction**

*Standard Form 424 Mandatory (Effective 08/2005)*

*Prescribed by OMB Circular A-102*
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 8a. TYPE OF APPLICANT:

M: Nonprofit with 501c3 IRS Status (Other than Institution of Higher Education)

b. Additional Description:

WORKFORCE DEVELOPMENT AGENCY

* 9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:

The service area is Los Angeles County and encompassing 88 incorporated cities including the City of LA. Although the City of LA, Compton, Palmdale, and San Fernando are the primary target areas, applicants could come from any city within LA County.

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

CA-039

b. Program/Project:

CA-033

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

13. FUNDING PERIOD:

a. Start Date:

04/01/2015

b. End Date:

03/31/2017

14. ESTIMATED FUNDING:

* a. Federal ($):

450,000.00

b. Match ($):


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

☐ a. This submission was made available to the State under the Executive Order 12372 Process for review on:

12/17/2014

☐ 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.

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Standard Form 424 Mandatory (Effective 08/2005)
Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

16. Is The Applicant Delinquent On Any Federal Debt?
   Yes ☐ No ☒ 
   [Explaination] ☐

17. 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 1091)

* 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: Ms.

* First Name: GLORIA

Middle Name:

* Last Name: NOCAS

Suffix:

* Title: EXECUTIVE DIRECTOR

Organizational Affiliation:

* Telephone Number:
   213-803-4273

* Fax Number:
   213-388-4932

* Email:
   GNCORE@COMMUNITYCAREER.ORG

* 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.

[Add Attachments] [Delete Attachments] [View Attachments]

Authorized for Local Reproduction

Standard Form 424 Mandatory (Effective 08/2006)
Prescribed by OMB Circular A-102
**Application for Federal Assistance SF-424**

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<td></td>
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<tr>
<td>Prefix:</td>
<td>Mr.</td>
</tr>
<tr>
<td>* First Name:</td>
<td>John</td>
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<tr>
<td>Middle Name:</td>
<td></td>
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<tr>
<td>* Last Name:</td>
<td>Mulligan</td>
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<td>Title:</td>
<td>Director of Public Works</td>
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<tr>
<td>Organizational Affiliation:</td>
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<tr>
<td>* Telephone Number:</td>
<td>559-876-6300</td>
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<tr>
<td>* Email:</td>
<td><a href="mailto:jmulligan@ci.sanger.ca.us">jmulligan@ci.sanger.ca.us</a></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
    15.507
    CFDA Title:
    WaterSMART (Sustaining and Manage America's Resources for Tomorrow)

12. Funding Opportunity Number:
    R15AB00002
    * Title:

13. Competition Identification Number:
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    City of Sanger, Fresno County, State of California

15. Descriptive Title of Applicant's Project:
    Sanger Conjunctive Use Intertie Project

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

Version 02

16. Congressional Districts Of:
   * a. Applicant: CA21
   * b. Program/Project: CA21

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

17. Proposed Project:
   * a. Start Date: 09/01/2015
   * b. End Date: 08/31/2016

18. Estimated Funding ($):

   * a. Federal: 80,000.00
   * b. Applicant: 80,000.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 160,000.00

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 12/18/2014.
   □ 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.)
   □ 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: Charles
Middle Name: Brian
* Last Name: Raddix
Suffix: 

*Title: City Manager

*Telephone Number: 559-876-5300  Fax Number: 

*Email: braddix@ci.sanger.ca.us

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

Authorized for Local Reproduction

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

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<th>*2. Type of Application</th>
<th>*If Revision, select appropriate letter(s):</th>
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<tbody>
<tr>
<td>□ Preapplication</td>
<td>□ New</td>
<td>□ Continuation</td>
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<tr>
<td>✔ Application</td>
<td></td>
<td>* Other (Specify)</td>
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<tr>
<td>□ Changed/Corrected Application</td>
<td>□ Revision</td>
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**State Use Only:**

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<th>7. State Application Identifier:</th>
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**8. APPLICANT INFORMATION:**

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<th>*a. Legal Name: Chapman University</th>
</tr>
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<tbody>
<tr>
<td>*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1643992</td>
</tr>
<tr>
<td>*c. Organizational DUNS: 072528433</td>
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<tr>
<th>d. Address:</th>
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<tbody>
<tr>
<td>*Street1: One University Dr.</td>
</tr>
<tr>
<td>Street 2:</td>
</tr>
<tr>
<td>*City: Orange</td>
</tr>
<tr>
<td>County: Orange</td>
</tr>
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<td>*State: CA</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>Country: USA</td>
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<tr>
<td>*Zip/ Postal Code: 92866-1005</td>
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<tr>
<th>e. Organizational Unit:</th>
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<tbody>
<tr>
<td>Department Name: Food Science Program</td>
</tr>
<tr>
<td>Division Name: Schmid College of Science &amp; Technology</td>
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**f. Name and contact information of person to be contacted on matters involving this application:**

<table>
<thead>
<tr>
<th>Prefix: Ms.</th>
<th>First Name: Yolanda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>*Last Name: Uzzell</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Title: Director</th>
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| Organizational Affiliation: |
| Office of Research & Sponsored Programs Administration |

<table>
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<tr>
<th>*Telephone Number: 714-628-2805</th>
<th>Fax Number: 714-628-7374</th>
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**Email: orsra@chapman.edu**
<table>
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<th>9. Type of Applicant 1: Select Applicant Type:</th>
<th>O. Private Institution of Higher Education</th>
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<td>- Select One -</td>
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<td>*Other (specify):</td>
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| *10. Name of Federal Agency:                | USDA-APHIS                                  |
| 11. Catalog of Federal Domestic Assistance Number: | 10.025                                      |
| CFDA Title:                                 | Plant and Animal Disease, Pest Control and Animal Care |

| *12. Funding Opportunity Number:            | 15-8130-0486-CA                             |
| *Title:                                     | Plant Protection and Quarantine (PPQ) - Agriculture Quarantine Inspection (AQI) |

| 13. Competition Identification Number:      |                                             |
| Title:                                      |                                             |

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

| *15. Descriptive Title of Applicant's Project: | Effect of phytosanitary irradiation on the quality and shelf-life of citrus fruit |

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

## 16. Congressional Districts Of:
- **CA-046**

### a. Applicant
- **CA-046**

### b. Program/Project:
- **CA-046**

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

## 17. Proposed Project:

### a. Start Date: 11/08/14
### b. End Date: 11/07/15

## 18. Estimated Funding ($):

### a. Federal
- **$102,573.00**

### b. Applicant

### c. State

### d. Local

### e. Other

### f. Program Income

### g. TOTAL
- **$102,573.00**

## 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 12/18/14
- [ ] 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: Harold

#### Middle Name:

#### *Last Name: Hewitt

#### Suffix: Jr.

#### *Title: Executive VP & COO

#### *Telephone Number: 714-997-6717  
** Fax Number: 714-997-6791

#### *Email: orspa@chapman.edu

#### *Signature of Authorized Representative: [Signature]

** Date Signed: 12/17/14
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 1.a. Type of Submission: Application
☒ Plan
☐ Funding Request
☐ Other
* Other (specify)

* 1.b. Frequency: Annual
☐ Quarterly
☐ Other
* Other (specify)

* 1.d. Version: Initial
☒ Resubmission
☐ Revision
☐ Update

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

STATE USE ONLY:
3. Applicant Identifier:

4a. Federal Entity Identifier:

4b. Federal Award Identifier:

5. Date Received by State:

6. State Application Identifier:

1. c. Consolidated Application/Plan/Funding Request?
Yes ☒ No ☐ ☐ Explanation:

7. APPLICANT INFORMATION:

* a. Legal Name:
Santa Clara Valley Transportation Authority (VTA)

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-2186907

* c. Organizational DUNS:
0922026370000

d. Address:

* Street1: 3331 North First Street
Street2:

* City:
San Jose
County:

* State:
CA: California
Province:

* Country:
USA: UNITED STATES
* Zip / Postal Code:
95134-1906

e. Organizational Unit:

Department Name:
Division Name:

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

Prefix: ☐ Mr.
* First Name: Mike
Middle Name:

* Last Name:
Tasosa
Suffix:

Title: Senior Transportation Planner

Organizational Affiliation:
Santa Clara Valley Transportation Authority (VTA)

* Telephone Number: (408)321-5752
Fax Number: (408)955-9765
* Email: mike.tasosa@vta.org

- Authorized for Local Reproduction

Standard Form 424 Mandatory (Effective 08/2005)
Prescribed by OMB Circular A-102
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

* 8a. TYPE OF APPLICANT:  
  D: Special District Government

  * Other (specify):

  b. Additional Description:

* 9. Name of Federal Agency:
  DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:
  20.514
  CFDA Title:
  Public Transportation Research

11. Areas Affected by Funding:
  Santa Clara County

12. CONGRESSIONAL DISTRICTS OF:

  a. Applicant:  
  17

  b. Program/Project:  
  17

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

13. FUNDING PERIOD:

  a. Start Date:  
  07/01/2015

  b. End Date:  
  06/30/2017

14. ESTIMATED FUNDING:

  a. Federal ($):  
  200,000.00

  b. Match ($):  
  200,000.00

15. 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:  
  12/18/2014

  □ 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**

**16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No [X]

**17. 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 [X]**

**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:**

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<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms.</td>
<td>Marcella</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Middle Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>* Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rensi</td>
</tr>
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</table>

<table>
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<tr>
<th>Suffix:</th>
<th>* Title:</th>
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**Organizational Affiliation:**

Santa Clara Valley Transportation Authority

<table>
<thead>
<tr>
<th>* Telephone Number:</th>
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<tbody>
<tr>
<td>(408)321-5717</td>
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<table>
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<tr>
<th>* Fax Number:</th>
</tr>
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<tbody>
<tr>
<td>(408)955-9765</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>* Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:marcella.rensi@vta.org">marcella.rensi@vta.org</a></td>
</tr>
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<tr>
<th>* Signature of Authorized Representative:</th>
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<td>Completed by Grants.gov upon submission.</td>
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Attach supporting documents as specified in agency instructions.
**Application for Federal Assistance SF-424**

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</tr>
<tr>
<td>2. Type of Application</td>
<td>◼ New  &lt;br&gt; □ Continuation  &lt;br&gt; □ Revision  &lt;br&gt; * Other (Specify):</td>
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<tr>
<td>3. Date Received</td>
<td>12/04/2014</td>
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<tr>
<td>4. Applicant Identifier</td>
<td>Dept. of Food and Agriculture</td>
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<tr>
<td>5a. Federal Entity Identifier</td>
<td>15-0506-1636-CA</td>
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<tr>
<td>5b. Federal Award Identifier</td>
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<td>6. Data Received by State</td>
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<td>7. State Application Identifier</td>
<td>14-0510-FR</td>
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**State Use Only:**

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<td>8. APPLICANT INFORMATION:</td>
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</tr>
<tr>
<td>a. Legal Name</td>
<td>State of California</td>
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<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>68-0325104</td>
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<tr>
<td>c. Organizational DUNS</td>
<td>8074876650000</td>
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<tr>
<td>d. Address:</td>
<td>1220 N Street, Room 315</td>
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<td>Sacramento</td>
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<td>USA: UNITED STATES</td>
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<td>Zip / Postal Code</td>
<td>95814</td>
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<td>e. Organizational Unit:</td>
<td>Food and Agriculture  &lt;br&gt; Plant Health/Food Prev Svcs</td>
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<td>f. Name and contact Information of person to be contacted on matters involving this application:</td>
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<tr>
<td>Prefix</td>
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</tr>
<tr>
<td>* First Name</td>
<td>Jason</td>
</tr>
<tr>
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<td></td>
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<tr>
<td>Last Name</td>
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<tr>
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<tr>
<td>* Telephone Number</td>
<td>(916) 654-1211</td>
</tr>
<tr>
<td>Fax Number</td>
<td>(916) 654-0555</td>
</tr>
<tr>
<td>* Email</td>
<td><a href="mailto:jason.chan@cdfa.ca.gov">jason.chan@cdfa.ca.gov</a></td>
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</table>
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*10. Name of Federal Agency:
   USDA/APHIS/FPQ

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:
   Integrated Control of the Olive Fly in California

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

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

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

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

18. Estimated Funding ($):
   * a. Federal: 32,845.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 32,845.00

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 12/18/2014.
   ☐ 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 218, Section 1001)

   ☒ ** I AGREE

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

Authorized Representative:

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

*Title: Manager, Federal Funds Management Office

*Telephone Number: (916) 657-3231
Fax Number: 

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

* Signature of Authorized Representative: 
* Date Signed: 

Application for Federal Assistance SF-424

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

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

3. Date Received: 4. Applicant Identifier: 1162-1551

5a. Federal Entity Identifier: 5b. Federal Award Identifier: DEC 19 2014

6. Date Received by State: 7. State Application Identifier: STATE CLEARING HOUSE

8. APPLICANT INFORMATION:
   a. Legal Name: MicroBio Engineering, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 27-0524479
   c. Organizational DUNS: 611654141

   d. Address:
      - Street 1: PQ Box 15821
      - Street 2: 
      - City: San Luis Obispo
      - County: 
      - State: California
      - Province: 
      - Country: USA
      - Zip / Postal Code: 93406

   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: Ian
      - Middle Name: 
      - Last Name: Woertz
      - Suffix: 
      - Title: M.S., P.E.
      - Organizational Affiliation: MicroBio Engineering, Inc.
      - Telephone Number: 805 242 3876
      - Fax Number: N/A
      - Email: ianwoertz@microbioengineering.com
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<td><strong>10 Name of Federal Agency:</strong></td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td>Title:</td>
<td></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
<td></td>
</tr>
<tr>
<td>City of San Luis Obispo, San Luis Obispo County, CA</td>
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<tr>
<td>City of Livermore, Alameda County, CA</td>
<td></td>
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<tr>
<td>City of Richland, Benton County, WA</td>
<td></td>
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<tr>
<td>City of Portola Valley, San Mateo County, CA</td>
<td></td>
</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
<td>Algae Fuels, Bioproducts and Clean Water Consortium (AFBW)</td>
</tr>
<tr>
<td>The proposed project will demonstrate the production of biofuels and bioproducts from algal biomass co-produced during</td>
<td></td>
</tr>
</tbody>
</table>
wastewater treatment. The process uses conventional paddle wheel mixed, CO2 supplied, raceway ponds; the algae are harvested by settling or micro filtration, followed by further thickening. The biomass is processed to extract oils, by fermentation to bioproducts and/or by hydrothermal liquefaction.

Research will be conducted at the existing algae ponds at the San Luis Obispo Algae Field Station inside the San Luis Obispo Water Resource Recycling Facility, in California.

---

**Application for Federal Assistance SF-424**

16. Congressional Districts Of:

- **a. Applicant:** CA-024
- **b. Program/Project:** CA-024

17. Proposed Project:

- **a. Start Date:** 9/1/2015
- **b. End Date:** 8/30/2019

18. Estimated Funding ($):

- **a. Federal**
- **b. Applicant**
- **c. State**
- **d. Local**
- **e. Other**
- **f. Program Income**
- **g. TOTAL**

  - a. $6,875,124
  - b. $920,000
  - c. $0
  - d. $74,364
  - e. $808,208
  - f. $0
  - g. 8,677,697

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 12/19/14**
- **b. Program is subject to E.O. 12372 but has not been selected by the State for review.**
- **c. Program is not covered by E. O. 12372**

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

- **a. Yes**
- **b. No**

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 210, Section 1001)

- **a. 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:** Ian
- **Middle Name:**
- **Last Name:** Woertz
Application for Federal Assistance SF-424

Version 02

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

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

3. Date Received: 4. Applicant Identifier: 1162-1535

5a. Federal Entity Identifier: 5b. Federal Award Identifier: DEC 19 2014

State Use Only:

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

8. APPLICANT INFORMATION:

   a. Legal Name: MicroBio Engineering, Inc.

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      27-0524479

   c. Organizational DUNS:
      611654141

   d. Address:
      - Street 1: PO Box 15821
      - Street 2: 
      - City: San Luis Obispo
      - County:  
      - State: California
      - Province:  
      - Country: USA
      - Zip / Postal Code: 93406

   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: Ian
      - Middle Name: 
      - Last Name: Woertz
      - Suffix:  
      - Title: M.S., P.E.
      - Organizational Affiliation: MicroBio Engineering, Inc.
      - Telephone Number: 805 242 3876
      - Fax Number: N/A
      - Email: ianwoertz@microbioengineering.com
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<td>TARGETED ALGAL BIOFUELS AND BIOPRODUCTS (TABB)</td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td>City of Sequim, Clallam County, Washington</td>
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<td>City of Richland, Benton County, Washington</td>
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<td><strong>15. Descriptive Title of Applicant’s Project:</strong></td>
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<td>Microalgal Biofuels Production on CO2 from Air</td>
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### Application for Federal Assistance SF-424

**16. Congressional Districts Of:**  
*a. Applicant: CA-024*  
*b. Program/Project: CA-024, WA-6, WA-4*

**17. Proposed Project:**  
*a. Start Date: July 1, 2015*  
*b. End Date: June 30, 2018*

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

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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 **12/18/2014**
- [ ] 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.)**

- [ ] 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 21, 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:**

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<tr>
<th>Prefix</th>
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<table>
<thead>
<tr>
<th>Middle Name:</th>
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| Last Name: Woertz |

<table>
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<th>Suffix:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Title: COO</th>
</tr>
</thead>
</table>

| Telephone Number: 805-242-3540 | Fax Number: |

| Email: ianwoertz@microbioengineering.com |

| Signature of Authorized Representative: |

| Date Signed: 12/18/201 |
**Application for Federal Assistance SF-424**

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<td>* Other (Specify)</td>
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<tr>
<td>m Changed/Corrected Application</td>
<td>m Revision</td>
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</table>

* 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: ________________

**APPLICANT INFORMATION:**

* a. Legal Name: University Enterprises, Inc. on behalf of CSU Sacramento

* b. Employer/Taxpayer Identification Number (EIN/TIN): 6941337538

* c. Organizational DUNS: 029031798

* d. Address: 8000 J Street

* City: Sacramento

* County: Sacramento

* State: CA: California

* Province: 

* Country: USA: UNITED STATES

* Zip / Postal Code: 95819-8111

d. Address:

**Organizational Unit:**

Department Name: Ecology

Division Name: NSM

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

Prefix: 

* First Name: David

Middle Name: 

* Last Name: Shimabukuro

SUFFIX: PH.D.

Title: Assistant Professor

Organizational Affiliation: California State University, Sacramento

* Telephone Number: 9162783652

Fax Number: 9162784650

* Email: dhs@csus.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):
   CSU Sacramento auxiliary org

10. Name of Federal Agency:
    Geological Survey

11. Catalog of Federal Domestic Assistance Number:
    15.828
    CFDA Title:
    U.S. Geological Survey, Research and Data Collection

12. Funding Opportunity Number:
    G15A000003
    * Title:
    USGS Non-Competitive Assistance FY 2015 - Sacramento Acquisition Branch

13. Competition Identification Number:
    G15A000003
    Title:

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

15. Descriptive Title of Applicant’s Project:
    Cooperative Research Project on Connectivity Between Zones Set Aside for the Disposal of Oil and Gas Wastes and Broader Aquifer Systems

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-006

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

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

18. Estimated Funding ($):

   * a. Federal 91,563.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 91,563.00

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 12/19/2014.
   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 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 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: David
Middle Name: ___________________________
* Last Name: Sarvicker
Suffix: ___________________________

* Title: Assistant Vice President

* Telephone Number: 916-278-3889 Fax Number: 916-278-6163
* Email: david.sarvicker@csus.edu

* Signature of Authorized Representative: David Sarvicker * Date Signed: ________

Authorized for Local Reproduction

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

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<th>2. Type of Application:</th>
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<td>Application</td>
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<th>4. Applicant Identifier:</th>
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<th>5a. Federal Entity Identifier:</th>
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<th>6. Date Received by State:</th>
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<tr>
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</table>

**State Use Only:**

**8. APPLICANT INFORMATION:**

* a. Legal Name: **THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**

* b. Employer/Taxpayer Identification Number (EIN/TIN): 54-6036494

* c. Organizational DUNS: 0471200860000

<table>
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<tr>
<th>d. Address:</th>
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<tbody>
<tr>
<td>* Street: 1850 RESEARCH PARK DRIVE</td>
</tr>
<tr>
<td>Street2: BDITB 300</td>
</tr>
<tr>
<td>City: DAVIS</td>
</tr>
<tr>
<td>County/Parish: YOLO</td>
</tr>
<tr>
<td>* State: CA: California</td>
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<td>Province:</td>
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<td>* Country: USA: UNITED STATES</td>
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<tr>
<td>* Zip / Postal Code: 95618-6153</td>
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<td>Department Name: SPONSORED PROGRAMS OFFICE</td>
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<td>Division Name: OFFICE OF RESEARCH</td>
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<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
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<tr>
<td>Prefix:</td>
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<tr>
<td>Middle Name:</td>
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<tr>
<td>* Last Name: SOLINO</td>
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<table>
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<tr>
<th>Title: PRINCIPAL INVESTIGATOR / DIRECTOR FPS</th>
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Organizational Affiliation:

FOUNDATION PLANT SERVICES, UNIVERSITY OF CALIFORNIA, DAVIS

<table>
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<tr>
<th>* Telephone Number: 530-754-8102</th>
<th>Fax Number: 530-752-2132</th>
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<table>
<thead>
<tr>
<th>* Email: <a href="mailto:DAGOLINO@UCDAVIS.EDU">DAGOLINO@UCDAVIS.EDU</a></th>
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</thead>
</table>
## Application for Federal Assistance SF-424

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

### 10. Name of Federal Agency:
- Animal and Plant Health Inspection Service

### 11. Catalog of Federal Domestic Assistance Number:
- 10.025
- CFDA Title:
  - Plant and Animal Disease, Pest Control, and Animal Care

### 12. Funding Opportunity Number:
- USDA-GRANTS-10092014-001
- Title:
  - National Clean Plant Network Request for Applications

### 13. Competition Identification Number:
- Title:
  - 

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

### 15. Descriptive Title of Applicant's Project:
- Site Foundation Plant Services: Clean Plant Speciality Crop Program at the University of California, Davis.

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 SF-424

   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 1,042,307.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program income 0.00
   * g. TOTAL 1,042,307.00

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 12/19/2014.
   □ 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  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 21, 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:  CHRIS:
Middle Name:                     
Last Name:  OYER-SHERBAUGH
SUFFIX:                          

*Title:  CONTRACTS AND GRANTS OFFICER

*Telephone Number:  530-754-8034  Fax Number:  530-752-0333

*Email:  CONDRED@DCCD.EDU

*Signature of Authorized Representative:  [Signature]  Date Signed:  1/1/2004
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

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1.c. Consolidated Application/Plan/Funding Request?

Yes [x] No [ ]

[EXPLANATION]

7. APPLICANT INFORMATION:

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<td>Division Name:</td>
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<td>Prefix:</td>
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<tr>
<td>[ ] Last Name:</td>
</tr>
<tr>
<td>Gordon</td>
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<tr>
<td>Capital Grants Analyst</td>
</tr>
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</table>

Organizational Affiliation:

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<tr>
<th>14. Telephone Number:</th>
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<tbody>
<tr>
<td>619-595-1014</td>
<td>619-230-6720</td>
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<th>14. Telephone Number:</th>
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<tr>
<th>15. Email:</th>
</tr>
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<tbody>
<tr>
<td><a href="mailto:gordon.meyer@sdmts.com">gordon.meyer@sdmts.com</a></td>
</tr>
</tbody>
</table>

Authorized for Local Reproduction

Standard Form 424 Mandatory (Effective 08/2005)

Prescribed by OMB Circular A-102
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

* 8a. TYPE OF APPLICANT:  
  E: Regional Organization  

  b. Additional Description:  

* 9. Name of Federal Agency:  
  DOT/Federal Transit Administration  

10. Catalog of Federal Domestic Assistance Number:  
  20.514  
  CFDA Title:  
  Public Transportation Research  

11. Areas Affected by Funding:  
  CA-049, CA-050, CA-051, CA-052, CA-053  

12. CONGRESSIONAL DISTRICTS OF:  

<table>
<thead>
<tr>
<th>a. Applicant</th>
<th>b. Program/Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA-053</td>
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</table>

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

13. FUNDING PERIOD:  

<table>
<thead>
<tr>
<th>a. Start Date</th>
<th>b. End Date</th>
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<tbody>
<tr>
<td>05/01/2015</td>
<td>12/30/2016</td>
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14. ESTIMATED FUNDING:  

<table>
<thead>
<tr>
<th>a. Federal ($)</th>
<th>b. Match ($)</th>
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</thead>
<tbody>
<tr>
<td>600,000.00</td>
<td>600,000.00</td>
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</table>

15. 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: 12/18/2014  
- [ ] 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

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

17. 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 ☒

** 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: ☐ Mr.

* First Name: Paul

Middle Name: 

* Last Name: Jablonski

Suffix: 

* Title: Chief Executive Officer

Organizational Affiliation: 

* Telephone Number: 619-557-4583

* Fax Number: 619-234-3172

* Email: paul.jablonski@sdmtcs.com

* 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.

[Submit Attachments] [Remove Attachments] [Download Document]
**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

### 3. Date Received: **DEC 2 2 2014**

### 4. Application Identifier:

### 5a. Federal Entity Identifier:

### 5b. Federal Award Identifier:

### 6. Date Received by State:

### 7. State Application Identifier:

### 8. APPLICANT INFORMATION:

#### a. Legal Name: The Regents of the University of California, on behalf of its Riverside campus

#### b. Employer/Taxpayer Identification Number (EIN/TIN):
- 956006142

#### c. Organizational DUNS:
- 62-779-7426

#### d. Address:
- **Street1:** 200 University Office Building
- **City:** Riverside
- **County:** California
- **State:** California
- **Province:** USA
- **Zip/Postal Code:** 92521-0217

#### e. Organizational Unit:
- **Department Name:** Research and Economic Development
- **Division Name:** Sponsored Programs Administration

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

- **Prefix:**
- **Middle Name:**
- **Last Name:** Chan
- **Suffix:**
- **Title:** Sr. Contract & Grant Officer
- **Organizational Affiliation:**

#### *Telephone Number:* (951) 827-7986
- **Fax Number:** (951) 827-4483

#### *Email:* rchan@ucr.edu
**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type: S. Hispanic-serving Institution

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

*Other (specify):*

*10. Name of Federal Agency: USDA, APHIS*

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

10.025

*12. Funding Opportunity Number: MAC-RFP-2014*

*Title: Huanglongbing (HLB) Multi-Agency Coordination (MAC)*

13. Competition Identification Number:

Title:

Huanglongbing (HLB) Multi-Agency Coordination (MAC)

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

*15. Descriptive Title of Applicant’s Project:

Release and Establishment in California of Diaphorencyrtus aligarhensis, a Parasitoid of Asian Citrus Psyllid Sourced from Punjab Pakistan*

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

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

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

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

18. Estimated Funding ($):
   *a. Federal: $330,563.00
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL: $330,563.00

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 12/22/2014 [✓]
   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.)
   □ Yes [ ] No [✓]

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

   [✓] **I AGREE

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

Authorized Representative:

Prefix: [ ]

First Name: Robert

Middle Name: [ ]

Last Name: Chan

Suffix: [ ]

Title: Sr. Contract & Grant Officer

*Telephone Number: (951) 827-7986
Fax Number: (951) 827-4483
*Email: rchan@ucr.edu

*Signature of Authorized Representative: Date Signed: 12/22/2014
Application for Federal Assistance SF-424

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

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

3. Date Received:
   Complied by Grants.gov upon submission.

4. Applicant Identifier:
   City of Guadalupe

5a. Federal Entity Identifier:
   
5b. Federal Award Identifier:
   
6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: City of Guadalupe

   b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000716

   c. Organizational DUNS: 137572322

   d. Address:
      - Street 1: 918 Obispo Street
      - City: Guadalupe
      - State: California
      - Zip / Postal Code: 93434

   e. Organizational Unit:
      Department Name:
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: 
      - First Name: Andrew
      - Middle Name: 
      - Last Name: Carter
      - Suffix: 
      - Title: City Administrator
      - Organizational Affiliation:

      * Telephone Number: (805) 356-3891
      * Fax Number:

      * Email: Acarter@ci.guadalupe.ca.us
**Application for Federal Assistance SF-424**

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

Type of Applicant 2- Select Applicant Type:  

Type of Applicant 3- Select Applicant Type:  

* Other (specify):  

* 10. Name of Federal Agency:  
USDA

11. Catalog of Federal Domestic Assistance Number:  
PART 1778

CFDA Title:  

* 12. Funding Opportunity Number:  

* Title:  

13. Competition Identification Number:  

Title:  

14. Areas Affected by Project (Cities, Counties, States, etc.):  
City of Guadalupe, California

* 15. Descriptive Title of Applicant's Project:  
Tognazzini Well, 5th Street Well, Obispo Well, and Waterline Intertie Project

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

16. Congressional Districts Of:
   * a. Applicant 24
   * b. Program/Project 24
   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
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 352,724.00

19. Is Application Subject to Review by State Under Executive Order 12372 Process?
   - [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review,
   - [ ] c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   - [ ] Yes  
   - [ ] No
   * If "Yes", provide explanation and attach.

21. "I agree to the statements contained in the list of certifications and to the certification requirements. I agree to the certification requirements in accordance with any resulting terms and conditions. I am aware that any false, fictitious, or fraudulent statements or claims may result in criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)
   - [ ] I agree

   ** Andrew Carter 12/17/14

   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: Andrew
   * Last Name: Carter
   Suffix:
   * Title City Administrator
   * Telephone Number: (805) 356-3891
   * Fax Number:
   * Email: Acarter@ci.guadalupe.ca.us

   * 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:
- [x] New
- [ ] Continuation
- [ ] Revision
- [ ] Other (Specify):

### 3. Date Received:
12/23/2014

### 4. Applicant Identifier:

### 5a. Federal Entity Identifier:

### 5b. Federal Award Identifier:

### 6. Date Received by State:
12/23/2014

### 7. State Application Identifier:

### 8. APPLICANT INFORMATION:

#### a. Legal Name:
Long Beach Public Transportation Company (Long Beach Transit)

#### b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1086275

#### c. Organizational DUNS:
0501281940000

### d. Address:
- **Street1:** 1963 E. Anaheim St.
- **City:** Long Beach
- **County/Parish:** Los Angeles
- **State:** CA: California
- **Province:**
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 90813-3907

### e. Organizational Unit:
- **Department Name:**
- **Division Name:**
  - Finance
  - Grant Administration

### f. Name and contact information of person to be contacted on matters involving this application:
- **Prefix:**
- **Middle Name:**
- *** First Name:** Kana
- **Last Name:** Sato
- **Suffix:**
- **Title:** Grants Administrator
- **Organizational Affiliation:**
- **Employee:**
- *** Telephone Number:** 562-599-8577
- **Fax Number:**
- *** Email:** ksato@lbtransit.com
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th><strong>9. Type of Applicant 1: Select Applicant Type:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>X: Other (specify)</td>
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</table>

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

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

| **Other (specify):** Non-profit corporation |

| **10. Name of Federal Agency:** DOT/Federal Transit Administration |

<table>
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| **CPDA Title:** Section 5307 Bus and Bus Facilities |

| **12. Funding Opportunity Number:** N/A |

| **Title:** N/A |

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

| **Title:** N/A |

<table>
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<tr>
<th><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></th>
</tr>
</thead>
</table>

| **15. Descriptive Title of Applicant's Project:** The Long Beach Transit requests FY2015 section 5307 capital grant funds for Bus replacement, Bus/Associated capitals, Bus stop enhancements, Capitalization of preventive maintenance and training. |

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

16. Congressional Districts Of:
- a. Applicant: 38
- b. Program/Project: 38

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

17. Proposed Project:
- a. Start Date: 03/01/2015
- b. End Date: 02/28/2020

18. Estimated Funding ($):
- a. Federal: 14,120,741.00
- b. Applicant: 0.00
- c. State: 0.00
- d. Local: 90,824.00
- e. Other: 0.00
- f. Program Income: 0.00
- g. TOTAL: 14,211,565.00

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 12/23/2014.
- [ ] 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.)
- [x] 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)

- [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: Kana
- Middle Name: 
- * Last Name: Sato
- Suffix: 

- *Title: Grants Administrator

- *Telephone Number: 562-599-8577
- Fax Number: 

- *Email: ksato@ltransit.com

- *Signature of Authorized Representative: X
- *Date Signed: 12/23/2014
APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 12-23-14
3. DATE RECEIVED BY STATE
4. DATE RECEIVED BY FEDERAL AGENCY

Revealed

STATE CLEARING HOUSE

Organizational Unit: 
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code):
Prefix: First Name: 
Middle Name:
Last Name: 
Suffix:

Email: mleondard@aqmd.gov 
Fax Number (give area code): 909-396-2785

7. TYPE OF APPLICANT: (See back of form for Application Type)
Other (specify)
Regional Agency:

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
S105 Air Pollution Control Program Support

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):
Surveys, Studies, Investigations, Demonstrations and Special Purpose Activities

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 
Orange and the non-desert areas of San Bernardino, L.A. and Riverside counties.

13. PROPOSED PROJECT
Start Date: 10/1/2014
Ending Date: 09/30/15

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant
b. Project
25-49
25-49

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes [ ] 
This preapplication/application was made available to the state executive order 12372 process for review on
DATE: 12/24/14
b. No [ ]
Or program has not been selected by state for review

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
Yes [ ] 
No [ ]

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

a. Authorized Representative
Prefix: First Name:
Middle Name:
Last Name: 
Suffix:
Title:

b. Date Signed: 12-19-14

Standard Form 424 (Rev.5-2003) 
Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 1.a. Type of Submission:  
✓ Application
☐ Plan
☐ Funding Request
☐ Other

* 1.b. Frequency:  
✓ Annual
☐ Quarterly
☐ Other

* 1.d. Version:  
☐ Initial
☐ Resubmission
☐ Revision
☐ Update

* 2. Data Received:  
Complied by Grants.gov upon submission.

3. Applicant Identifier:  

4a. Federal Entity Identifier:  

4b. Federal Award Identifier:  

1.c. Consolidated Application/Plan/Funding Request?  
Yes ☐ No ☒ Explanation:  

7. APPLICANT INFORMATION:

* a. Legal Name:  
Los Angeles County Metropolitan Transportation Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-4401375

* c. Organizational EIN:  
544055523

d. Address:  

* Street1:  
One Gateway Plaza

Street2:

* City:  
Los Angeles

* County:

* State:  
CA: California

* Country:  
USA: UNITED STATES

* Zip / Postal Code:  
90012

e. Organizational Unit:  
Department Name:  
Division Name:  

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

Prefix:  

* First Name:  
Aashad

Middle Name:  

Last Name:  
Hamideh

* Suffix:  

Title:  

Organizational Affiliation:  

* Telephone Number:  
213-922-4299

Fax Number:  

* Email:  
hamideh@metro.net

Authorized for Local Reproduction

Standard Form 424 Mandatory (Effective 08/2005)
Prescribed by OMB Circular A-102
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

* 8a. TYPE OF APPLICANT:

E: Regional Organization

* Other (specify):

b. Additional Description:

Transportation Planning Agency/Transit Operator

* 9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:


12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

CA-037

b. Program/Project:

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

13. FUNDING PERIOD:

a. Start Date: 06/23/2015

b. End Date: 06/22/2017

14. ESTIMATED FUNDING:

* a. Federal ($):

669,348.00

b. Match ($):

818,092.00

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

- a. This submission was made available to the State under the Executive Order 12372 Process for review on: 12/22/2014

- 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**

**16. Is The Applicant Delinquent On Any Federal Debt?**

Yes ☐ No ☑ 

**Explanation**

**17. 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 ☑**

**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:**

<table>
<thead>
<tr>
<th>Prefix:</th>
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<tr>
<td><a href="mailto:hamideha@metro.net">hamideha@metro.net</a></td>
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<thead>
<tr>
<th>* Signature of Authorized Representative:</th>
</tr>
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<tr>
<td>Completed by Grants.gov upon submission.</td>
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<table>
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<th>* Date Signed:</th>
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<tr>
<td>Completed by Grants.gov upon submission.</td>
</tr>
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</table>

**Attach supporting documents as specified in agency instructions.**

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

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

* 2. Type of Application
   - [ ] New
   - [ ] Continuation

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

* 3. Date Received:

5a. Federal Entity Identifier:

4. Application 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 Santa Barbara

  b. Employer/Taxpayer Identification Number (EIN/TIN):
     95-6000787

  c. Organizational DUNS:
     606969863

d. Address:
   
   * Street1: 601 Norman Firestone Road
   Street 2:
   * City: Santa Barbara
   * County: Santa Barbara
   * State: California
   Province:
   Country: United States

   * Zip/Postal Code: 93117

e. Organizational Unit:

   Department Name:
   Airport

   Division Name:

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

   Prefix: Ms.
   First Name: Hazel
   Middle Name: 
   Last Name: Johns
   Suffix: 
   Title: Airport Director

   Organizational Affiliation:
   Employee

   * Telephone Number: (805) 967-7111
   Fax Number: (805) 968-1380

   * Email: HJohns@SantaBarbaraCA.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.):**

City of Santa Barbara, City of Goleta, County of Santa Barbara, University of California, Santa Barbara

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

Airfield Lighting and Safety Project

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

## 16. Congressional Districts Of:
- **a. Applicant**: CA-24
- **b. Program/Project**: CA-24

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

## 17. Proposed Project:
- **a. Start Date**: 06/01/2015
- **b. End Date**: 12/31/2016

## 18. Estimated Funding ($) :

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<th>Federal</th>
<th>Applicant</th>
<th>State</th>
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<th>Program Income</th>
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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 **12/18/2014**
- [ ] 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 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**: 
- **First Name**: Hazel
- **Middle Name**: 
- **Last Name**: Johns
- **Suffix**: 

- **Title**: Airport Director
- **Telephone Number**: (805) 967-7111
- **Fax Number**: (805) 964-1380
- **Email**: HJohns@SantaBarbaraCA.gov

- **Signature of Authorized Representative**: 

*Date Signed: *12/22/14*
Application for Federal Assistance SF-424

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

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

3. Date Received:
   Complied by SERS, for use on submittal.

4. Applicant Identifier:
   STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Program Identifier:

6a. State Use Only:

7. State Application Identifier:

B. APPLICANT INFORMATION:

a. Legal Name:
   Maxwell Public Utility District

b. Employer/Taxpayer Identification Number (EIN/TIN): 64-6000890

c. Organizational DUNS: 01-5903685

d. Address:
   - Street 1: 54 N. San Francisco St.
   - City: Maxwell
   - County/Parish: Colusa
   - State: CA
   - Province: 
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95955

e. Organizational Unit:

f. Name and Contact Information of Person to be Contacted on Matters Involving this Application:
   - Prefix: Mr.
   - First Name: David
   - Middle Name: 
   - Last Name: Wadsworth
   - Suffix: 
   - Title: General Manager
   - Organizational Affiliation:

* Telephone Number: (530) 438-2505
* Fax Number: (530) 438-2902
* Email: maxpub@frontiernet.net
**Application for Federal Assistance SF-424**

9. Type of Applicant 1 - Select Applicant Type:
   - G - Special District

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   - USDA - RUS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Maxwell, CA

* 15. Descriptive Title of Applicant's Project:
   - Replacing failed drinking water well.
Application for Federal Assistance SF-424

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

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

17. Proposed Project:
   * a. Start Date: 04-01-2015
   * b. End Date: 10-01-2015

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 12-31-2014.
   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.)
   * 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: [Signature]

Prefix: Mr. * First Name: David
Middle Name: 
Last Name: Wadsworth
Suffix: 

Title: General Manager

*Telephone Number: (530) 438-2505 Fax Number: (530) 438-2902
*Email: maxpud@frontiernet.net

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<td>2. Type of Application</td>
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<td>- Select One -</td>
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<td>5b. Federal Award Identifier</td>
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<td>6. Date Received by State</td>
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<td>* a. Legal Name</td>
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<td>* b. Employer/Taxpayer Identification Number (EIN/TIN)</td>
<td>95-00000939</td>
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<td>*c. Organizational DUNS</td>
<td>950555599</td>
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<td>d. Address</td>
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<td>Division Name</td>
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<td>Department of Airports</td>
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<tr>
<td>f. Name and contact Information of person to be contacted on matters involving this application:</td>
<td></td>
</tr>
<tr>
<td>Prefix:</td>
<td>Mr</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>R</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Buman</td>
</tr>
<tr>
<td>Suffix:</td>
<td>C.A.E</td>
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<tr>
<td>Title:</td>
<td>Director of Airports</td>
</tr>
<tr>
<td>Organizational Affiliation</td>
<td></td>
</tr>
<tr>
<td>*Telephone Number:</td>
<td>(805) 781-5955</td>
</tr>
<tr>
<td>*Fax Number:</td>
<td>(805) 781-5965</td>
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<tr>
<td>*Email:</td>
<td><a href="mailto:kbuman@co.slo.ca.us">kbuman@co.slo.ca.us</a></td>
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**Application for Federal Assistance SF-424**

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<tr>
<th>Question</th>
<th>Response</th>
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<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
<td>County Government</td>
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<tr>
<td>10. Name of Federal Agency:</td>
<td>Federal Aviation Administration</td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>20.106</td>
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<tr>
<td>CFDA Title:</td>
<td>Airport Improvement Program</td>
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<tr>
<td>12. Funding Opportunity Number:</td>
<td>Title:</td>
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<tr>
<td>13. Competition Identification Number:</td>
<td>Title:</td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>San Luis Obispo County</td>
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<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
<td>New Terminal</td>
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</tbody>
</table>

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

16. Congressional District(s) Of:
   *a. Applicant: CA-023
   *b. Program/Project: CA-023

   Attach an additional list of Program/Project Congressional District(s) if needed.

17. Proposed Project:
   *a. Start Date: 07/01/2015
   *b. End Date: 12/31/2016

18. Estimated Funding ($):
   *a. Federal
      22,758,886.00
   *b. Applicant
      7,980,240.00
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL
      30,339,126.00

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 12/30/14
   [ ] 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.
Name: R. Bumen
*First Name: Kevin
Last Name: Bumen
SUFFIX: C.A.E.
Title: Director of Airports
Telephone Number: (805) 761-6955
Fax Number: (805) 761-6985
*Email: kbumen@slo.slo.ca.us

*Signature of Authorized Representative:

*Date Signed: 12/30/2014