Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse February 1 - 15, 2015. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.
Application for Federal Assistance SF-424

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

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

* 3. Date Received: 
  - Received

4. Applicant Identifier:
  - FEB 6 3 2015

5a. Federal Entity Identifier: 
5b. Federal Award Identifier: 
  - STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Porifera, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-2704938

* c. Organizational DUNS: 827557811

d. Address: 
  - 3507 Breakwater Ave.
  - BAYARD
  - CA: California
  - USA: United States
  - Zip / Postal Code: 94545

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

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

Prefix: 
* First Name: Olgica

Middle Name: 

* Last Name: Bakajin

Suffix: Ph.D

Title: 

Organizational Affiliation: 

* Telephone Number: 510 999 5393 
Fax Number: 

* Email: olgica@porifera.com
Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:
   - Small Business

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:

   CPDA Title:

12. Funding Opportunity Number:

   R15AG000021

   * Title:
   Desalination and Water Purification Research and Development (DWPR) Pilot

13. Competition Identification Number:

   Title:

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

   Hayward, Alameda, CA

15. Descriptive Title of Applicant’s Project:

   PFO Solutions for Industrial Water Reuse: 3 Pilot Projects

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

**Version 02**

### 16. Congressional Districts Of:

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

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

### 17. Proposed Project:

- **a. Start Date:** 06/01/2015  
- **b. End Date:** 09/30/2017

### 18. Estimated Funding ($):

<table>
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<th>Category</th>
<th>Amount</th>
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<td>a. Federal</td>
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<td>b. Applicant</td>
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<td>c. State</td>
<td>1,563,779.00</td>
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<td>d. Local</td>
<td>0.00</td>
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<td>e. Other</td>
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<td>f. Program income</td>
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<td>g. TOTAL</td>
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### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- [X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/03/2015.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes  
- [X] No

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

- [X] ** I AGREE

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

### Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>** First Name:** Olgica</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>Bakajin</td>
</tr>
<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>CEO</td>
</tr>
</tbody>
</table>

**Telephone Number:** 510 998 5393  
**Fax Number:**

**Email:** Olgica@sporifera.com

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

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

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

*If Revision, select appropriate letter(s)*

*Other (Specify)_________________________

**3. Date Received:**

**4. Applicant Identifier:**

1117-1544

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

STATE CLEARING HOUSE

**FEB 9 2015**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

*a. Legal Name:*

Davis Energy Group, Inc.

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

94-2763265

*c. Organizational DUNS:*

102840907

**d. Address:**

*Street 1:*

123 C Street

*City:*

Davis

*County:*

Yolo

*State:*

California

*Province:*


*Country:*

United States

*Zip / Postal Code*

95616

**e. Organizational Unit:**

Department Name: ____________________________

Division Name: ____________________________

N/A

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

Prefix: Mr.__________________________

*First Name:*

David

Middle Name: ____________________________

*Last Name:*

Springer

Suffix: ____________________________

Title: Vice President

Organizational Affiliation:___________________________________________

Davis Energy Group, Inc.

*Telephone Number:* 530-753-1100 x26  
Fax Number: 530-753-4125

*Email: springer@davisenergy.com*
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th><strong>9. Type of Applicant 1: Select Applicant Type:</strong></th>
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<tbody>
<tr>
<td>R. Small Business</td>
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<table>
<thead>
<tr>
<th><strong>10 Name of Federal Agency:</strong></th>
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<tr>
<td>Department of Energy Office of Energy Efficiency and Renewable Energy</td>
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<td>Building America Industry Partnerships for High Performance Housing Innovations</td>
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<th><strong>13. Competition Identification Number:</strong></th>
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<tr>
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<tr>
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<table>
<thead>
<tr>
<th><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></th>
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</thead>
<tbody>
<tr>
<td>Davis, Yolo, California, Arkansas, Texas</td>
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</table>

<table>
<thead>
<tr>
<th><strong>15. Descriptive Title of Applicant’s Project:</strong></th>
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<td>Low Cost, Low Impact HVAC Measures for Hot-Humid and Cold Climates</td>
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</tbody>
</table>
Application for Federal Assistance SF-424

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

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

18. Estimated Funding ($):
   *a. Federal 972,412
   *b. Applicant 69,576
   *c. State
   *d. Local
   *e. Other 200,000
   *f. Program Income 0.00
   *g. TOTAL 1,241,986

*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 02/02/15
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   ☐ Yes ☑ No

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

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

Authorized Representative:

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

*Title: Vice President

*Telephone Number: 530-753-1100 x26  Fax Number: 530-753-4125

*Email: springer@davisenergy.com

*Signature of Authorized Representative: [Signature]
*Date Signed: 02/02/15

Authorized for Local Reproduction

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

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

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

**If Revision, select appropriate letter(s):**  
E. Other (explain below)  
  
**3. Date Received:**  

**4. Application Identifier:**  
Redding Municipal Airport (RDD)  

**5a. Federal Entity Identifier:**  

**5b. Federal Award Identifier:**  

**5c. Organizational DUNS:**  
07-378-0413  

**State Use Only:**  

**6. Date Received by State:**  

**7. State Application Identifier:**  
STATE CLEARING HOUSE  

**8. APPLICANT INFORMATION:**  

**a. Legal Name:**  
City of Redding, California  

**b. Employer/Taxpayer Identification Number (EIN/TIN):**  
94-6000401  

**c. Organizational DUNS:**  
07-378-0413  

**d. Address:**  

- **Street 1:**  777 Cypress Avenue  
- **City:**  Redding  
- **County:**  Shasta  
- **State:**  California  
- **Province:**  USA  
- **Zip/Postal Code:**  96001  

**e. Organizational Unit:**  

Department Name: Support Services  
Division Name: Airports  

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

- **Prefix:**  Mr.  
- **Middle Name:**  A.  
- **First Name:**  Rod  
- **Last Name:**  Dinger  
- **Suffix:**  
- **Title:**  Support Services/Airport Director  

**Organizational Affiliation:**  
City of Redding, California  

**Telephone Number:** (530) 224-4321  
**Fax Number:** (530) 224-4318  
**Email:** rdinger@ci.redding.ca.us  

**RECEIVED**  
FEB 10 2015
**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 (FAA)

**11. Catalog of Federal Domestic Assistance Number:**
   - 20.106

**CFDA Title:**
   - Airport Improvement Program

*12. Funding Opportunity Number: N/A
   - Title: N/A

**13. Competition Identification Number: N/A
   - Title: N/A

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
   - Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California

*15. Descriptive Title of Applicant's Project:*
1. ADA Passenger Loading Ramp; 2.) Airport Pavement Management System (APMS) Study (Including PCN); 3.) West Tie-Down Apron Reconstruction – Design Only; 4.) T-Hangar Taxiway Reconstruction – Design Only; and 5.) Runway/Taxiway Remarketing and Signage (MAGVAR)

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

16. Congressional Districts Of:
   *a. Applicant: #02
   *b. Program/Project: #02

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

17. Proposed Project:
   *a. Start Date: 04/01/2015
   *b. End Date: 09/30/2016

18. Estimated Funding ($):
   *a. Federal 680,403.00
   *b. Applicant 70,097.00
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL 750,500.00

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 02/04/2015
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372

20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation on next page.)
   □ Yes    □ No

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

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

Authorized Representative:

Prefix: Mr.  *First Name: Rod
Middle Name: A.
*Last Name: Dinger
Suffix:

*Title: Support Services/Airport Director

*Telephone Number: (530) 224-4321
Fax Number: (530) 224-4318

*Email: rdinger@ci.redding.ca.us

*Signature of Authorized Representative:

*Date Signed: 2/3/15
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):
    E. Other (explain below)

* Other (Specify)
  Revised to reflect "Based on Bids" costs.

* 3. Date Received:

4. Application Identifier:
  Benton Airpark (O65)

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:
  RECEIVED
  FEB 10 2015

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

  * a. Legal Name: City of Redding, California

  * b. Employer/Taxpayer Identification Number (EIN/TIN):
    94-6000401

  * c. Organizational DUNS:
    07-378-0413

  d. Address:
    Street 1: 777 Cypress Avenue
    Street 2:
    City: Redding
    County: Shasta
    State: California
    Province:
    Country: USA
    * Zip/Postal Code: 96001

e. Organizational Unit:

  Department Name:
  Support Services

  Division Name:
  Airports

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

  Prefix: Mr.
  First Name: Rod
  Middle Name: A.
  Last Name: Dinger
  Suffix:

  Title: Support Services/Airport Director

Organizational Affiliation:

  City of Redding, California

* Telephone Number: (530) 224-4321
  Fax Number: (530) 224-4318

* Email: rdinger@ci.redding.ca.us
<table>
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<tr>
<th>Application for Federal Assistance SF-424</th>
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<tr>
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<tr>
<td>C. City or Township Government</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>- Select One -</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>- Select One -</td>
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<td>* Other (specify):</td>
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<td>10. Name of Federal Agency:</td>
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<tr>
<td>Federal Aviation Administration (FAA)</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
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<td>Airport Improvement Program</td>
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<td>12. Funding Opportunity Number: N/A</td>
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<td>13. Competition Identification Number: N/A</td>
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<tr>
<td>Title: N/A</td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<tr>
<td>Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California</td>
</tr>
<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
</tr>
<tr>
<td>Airport Pavement Management System (APMS) Study</td>
</tr>
</tbody>
</table>

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

16. Congressional Districts Of:
   *a. Applicant: #02
   *b. Program/Project: #02

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

17. Proposed Project:
   *a. Start Date: 04/01/2015
   *b. End Date: 09/30/2015

18. Estimated Funding ($):

   *a. Federal 45,000.00
   *b. Applicant 2,750.00
   *c. State 2,250.00
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL 50,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 02/04/2015
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372

20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation on next page.)
   Yes [ ] No [ ]

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

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

Authorized Representative:

Prefix: Mr.  *First Name: Rod
Middle Name: A.
*Last Name: Dinger
Suffix:

*Title: Support Services Director/Airports Manager

*Telephone Number: (530) 224-4321  Fax Number: (530) 224-4318

*Email: rdinger@ci.redding.ca.us

*Signature of Authorized Representative: [Signature]
*Date Signed: 2/3/15
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Sephton Water Technology, Inc.

   b. Employer/Taxpayer Identification Number (EIN/TIN): 71-093-1128

   c. Organizational DUNS: 0978227310000

9. Address:

   a. Street: 110 York Avenue

   b. City: Kensington

   c. County/Parish: Contra Costa

   d. State: CA: California

   e. Country: USA: UNITED STATES

   f. Zip / Postal Code: 94706-1045

10. Organizational Unit:

    Department Name:

    Division Name:

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

    Prefix:

    Middle Name: * First Name: Thomas

    Last Name: Sephton

    Suffix:

    Title: President

    Organizational Affiliation: Sephton Water Technology, Inc.

    Telephone Number: 760-923-2583

    Fax Number: 510-868-8073

    * Email: tomassephton@septonwatertech.com
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   [ ] Small Business
   [ ] Other (specify):

10. Name of Federal Agency:
    Department of the Interior, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
    15.506
    CFDA Title:
    Water Desalination Research and Development Program

12. Funding Opportunity Number:
    W15A5000021
    Title:
    Desalination and Water Purification Research and Development Program (DWPFR)

13. Competition Identification Number:

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

15. Descriptive Title of Applicant's Project:
    Concentrate Management for Beneficial Use, Pilot Project

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

16. Congressional Districts Of:
   * a. Applicant CA-011
   * b. Program/Project CA-051

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

17. Proposed Project:
   * a. Start Date: 10/01/2015
   * b. End Date: 06/12/2016

18. Estimated Funding ($):
   * a. Federal 189,915.04
   * b. Applicant 17,669.59
   * c. State 279,365.80
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 496,950.43

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 02/13/2015.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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 21, Section 1001)

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

Authorized Representative:

Prefix: 
* First Name: Thomas
Middle Name: 
* Last Name: Sephton
Suffix: 
* Title: President
* Telephone Number: 760-623-2583 Fax Number: 510-868-0073
* Email: thomas@sephtonwatertech.com

* Signature of Authorized Representative: 
* Date Signed: 02/13/2015
Application for Federal Assistance SF-424

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

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

* 3. Date Received:  

4. Applicant Identifier:  

6a. Federal Entity Identifier:  

6b. Federal Award Identifier:  

State Use Only:  

8. Data Received by State:  

7. State Application Identifier:  

9. APPLICANT INFORMATION:

  a. Legal Name: San Simeon Community Services District  

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

  c. Organizational DUNS:  

95-2755743  

008068843  

d. Address:  

  Street 1: 111 Pico Avenue  

  City: San Simeon  

  State: CA  

  Country: USA: UNITED STATES  

  Zip / Postal Code: 93452  

e. Organizational Unit:  

San Simeon CSD Water Facility  

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

Prefix:  

Mr.  

Middle Name: Robert  

Last Name: Grace  

Title: General Manager  

Organizational Affiliation:  

* Telephone Number: (805) 927-4778  

Fax Number: (805) 927-0399  

* Email: sssimeoncommunityservices@yahoo.com
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

<table>
<thead>
<tr>
<th>Water Program - Drought Assistance</th>
</tr>
</thead>
</table>

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:

   CPDA Title:

12. Funding Opportunity Number:

   * Title:

13. Competition Identification Number:

   Title:

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

   Add Attachments  Delete Attachments  View Attachments

15. Descriptive Title of Applicant's Project:

   Wellhead Treatment

Attach supporting documents as specified in agency instructions.

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

16. Congressional District Of:
   a. Applicant  24th
   b. Program/Project  24th

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

17. Proposed Project:
   a. Start Date: 07-01-2015
   b. End Date: 09-30-2015

18. Estimated Funding (8):
   a. Federal
      $500,000.00
   b. Applicant
      $500,000.00
   c. State
   d. Local
   e. Other
   f. Program Income
   g. TOTAL
      $1,000,000.00

* 19. Is Application Subject to Review By State Under Executive Order 13732 Process?
   a. This application was made available to the State under the Executive Order 13732 Process for review on
   b. Program is subject to E.O. 13732 but has not been selected by the State for review.
   c. Program is not covered by E.O. 13732.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   a. Yes
   b. No

If "Yes", provide explanation and attach.

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

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

Authorized Representative:

Prefix: Mr.  
Middle Name: Robert  
* Last Name: Grace

Suffic:

* Title: General Manager

*Telephone Number: (805) 927-4778  
Fax Number: (805) 927-0399

*Email: assimeoncommunityservices@yahoo.

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