Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse February 16 - 28, 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
   - [X] Application
   - [ ] Changed/Corrected Application

* 2. Type of Application: [X] New

* 3. Date Received: 02/13/2015

* 4. Applicant Identifier: [ ]

* 5a. Federal Entity Identifier: [ ]

5b. Federal Award Identifier: [ ]

8. APPLICANT INFORMATION:

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

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

* c. Organizational DUNS: 0471200860000

d. Address:
   - Street1: 1850 Research Park Dr.
   - Street2: Suite 300
   - City: Davis
   - County: [ ]
   - State: CA: California
   - Province: [ ]
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95618-6153

e. Organizational Unit:
   - Department Name:
   - Division Name:
   - Office of Research
   - Sponsored Programs

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

   Prefix: Prof.
   * First Name: Christopher
   * Last Name: Simmons
   Suffix: [ ]

   Title: Assistant Professor

   Organizational Affiliation: Food Science and Technology

   * Telephone Number: 530-752-2109
   Fax Number: 530-752-4759

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

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

### 10. Name of Federal Agency:
- Bureau of Reclamation

### 11. Catalog of Federal Domestic Assistance Number:
- 15.506

**CFDA Title:**
- Water Desalination Research and Development Program

### 12. Funding Opportunity Number:
- R15AD00019

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

### 13. Competition Identification Number:
- 

**Title:**
- 

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

### 15. Descriptive Title of Applicant's Project:
- Assessment of municipal, agricultural, and food processing wastewater streams for powering microbial desalination cells

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

Version 02

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

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

17. Proposed Project:
   * a. Start Date: 10/01/2015
   * b. End Date: 10/31/2016

18. Estimated Funding ($):

   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 115,146.00

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 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.)
   X Yes  No  Explanation

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

   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: Patrick
Middle Name:                   
* Last Name: Bell
Suffix: 

* Title: Contracts & Grants Analyst

* Telephone Number: 530-754-0114  Fax Number: 530-752-0333
* Email: pbbell@ucdavis.edu

* Signature of Authorized Representative: Patrick Bell  * Date Signed: 02/13/2015

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102
**Application for Federal Assistance SF-424**

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

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

3. Date Received:  
   - 02/13/2016  
   - [RECEIVED]

4. Applicant Identifier:  
   - [FEB 18 2016]

5a. Federal Entity Identifier:  
5b. Federal Award Identifier:  
   - [STATE CLEARING NUMBER]

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

8. APPLICANT INFORMATION:

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

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

   c. Organizational DUNS:  
   - 0471200840000

   d. Address:  
   - Street: 1850 RESEARCH PARK DRIVE  
   - Street2: SUITE300  
   - City: DAVIS  
   - County/Parish: YOLO  
   - State: CA; California  
   - Province:  
   - Country: USA; UNITED STATES  
   - Zip / Postal Code: 95618-6153

   e. Organizational Unit:  
   - Department Name: SPONSORED_PROGRAMS  
   - Division Name: OFFICE OF RESEARCH

   f. Name and contact information of person to be contacted on matters involving this application:  
   - Prefix:  
   - Middle Name:  
   - Last Name: BELL  
   - Suffix:  
   - First Name: Patrick

   - Title:  

   - Organizational Affiliation:  

   - Telephone Number: 530-754-0114  
   - Fax Number: 530-752-0333

   - Email: ORSPO-TEAMA-PROPOSALS-US@AD3.UDAVIS.EDU
**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   - [ ] U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:
   - [ ] 15.808

CFDA Title:
   - [ ] U.S. Geological Survey_ Research and Data Collection

* 12. Funding Opportunity Number:
   - [ ] G15AS000026

* Title:
   - [ ] Cooperative Ecosystem Studies Unit, Californian CESU

13. Competition Identification Number:
   - [ ] G15AS000026

Title:

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

* 15. Descriptive Title of Applicant's Project:
   - Estimating unsaturated zone N fluxes and travel times to groundwater at watershed and principal-aquifer scales

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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

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

17. Proposed Project:
   a. Start Date: 04/01/2015
   b. End Date: 03/31/2019

18. Estimated Funding ($):

   | a. Federal | 394,924.00 |
   | b. Applicant | 0.00 |
   | c. State | 0.00 |
   | d. Local | 0.00 |
   | e. Other | 0.00 |
   | f. Program Income | 0.00 |
   | g. TOTAL | 394,924.00 |

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 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  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: Patrick
Middle Name: 
Last Name: Bell
Suffix: 
Title: Contracts and Grants Analyst
Telephone Number: 530-754-0114
Fax Number: 530-752-0333
Email: pbell@ucdavis.edu
Signature of Authorized Representative: Patrick Bell
Date Signed: 02/13/2015
Application for Federal Assistance SF-424

1. Type of Submission:
   - □ Prospective
   - ✔ Application
   - □ Revised/Corrected Application

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

3. Date Received:

4. Applicant Identifier:
   - 1186-1174

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   - FEBA 2015

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

B. APPLICANT INFORMATION:

a. Legal Name:
   - Halotechnics Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 80-0521120

c. Organizational DUNS:
   - 0331018550000

d. Address:
   - 5880 Norton Street #650
   - Emeryville
   - Alameda
   - CA: California
   - USA: UNITED STATES

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

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: Dr.
   - First Name: Justin
   - Last Name: Graade
   - Title: CEO

Organizational Affiliation:
   - Halotechnics Inc

- Telephone Number: 510-547-2636
- Fax Number: 510-547-2624
- *Email: ajraade@halotechnics.com
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
</tr>
<tr>
<td>R: Small Business</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<tr>
<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<tr>
<td>Department of Energy</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td>81. 087</td>
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<tr>
<td>CFDA Title:</td>
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<td>Renewable Energy Research and Development</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<tr>
<td>DE-F0A-0001186</td>
</tr>
<tr>
<td>* Title:</td>
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<tr>
<td>CONCENTRATING SOLAR POWER: ADVANCED PROJECTS OFFERING LOW LOSE OPPORTUNITIES</td>
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<tr>
<td><strong>13. Competition Identification Number:</strong></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
</tr>
<tr>
<td>Add Attachment Delete Attachment View Attachment</td>
</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
</tr>
<tr>
<td>Systems Integration of Containerized Molten Salt Thermal Energy Storage in Novel Cascade Layout</td>
</tr>
</tbody>
</table>

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

16. Congressional Districts Of:
   * a. Applicant    CA-013
   * b. Program/Project CA-013

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

17. Proposed Project:
   * a. Start Date: 06/01/2015
   * b. End Date: 07/31/2017

18. Estimated Funding ($):
   * a. Federal 2,479,397.00
   * b. Applicant 620,000.00
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 3,099,397.00

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 02/19/2013.
   ☐ 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, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:
Prefix: Dr. * First Name: Justin
Middle Name:
* Last Name: Reade
Suffix:
* Title: CEO
* Telephone Number: 510-547-2634 Fax Number:
* Email: jreaade@halotechnics.com

* Signature of Authorized Representative: [Signature] * Date Signed: 02/19/2015
Application for Federal Assistance SF-424

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

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

*3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. State Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: SolarReserve, LLC

b. Employer/Taxpayer Identification Number (EIN/TIN): 61-1525543
c. Organizational DUNS: 830688880000

d. Address:
- Street: 2425 Olympic Blvd. Suite 500 East
- City: Santa Monica
- County/Parish:
- State: CA: California
- Province: USA: UNITED STATES
- Country:
- Zip/Postal Code: 90404-4070

e. Organizational Unit:

Department Name: Engineering
Division Name:

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

Prefix: Mr.

Middle Name:

* Last Name: Hagenbuch

Title: Director, Program Management

Organizational Affiliation:

* Telephone Number: 210-315-2205

Fax Number:

* Email: lance.hagenbuch@solarrreserve.com
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th><strong>9. Type of Applicant 1: Select Applicant Type:</strong></th>
<th></th>
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<tbody>
<tr>
<td>Small Business</td>
<td></td>
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</table>

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

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

| **Other (specify):** |  |

| **10. Name of Federal Agency:** | Department of Energy |

| **11. Catalog of Federal Domestic Assistance Number:** | 01.087 |

| **CFDA Title:** | Renewable Energy Research and Development |

| **12. Funding Opportunity Number:** | DE-FOA-0001166 |

| **Title:** | CONCENTRATING SOLAR POWER: ADVANCED PROJECTS OFFERING LOW LCOE OPPORTUNITIES |

| **13. Competition Identification Number:** |  |

| **Title:** |  |

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

| **15. Descriptive Title of Applicant's Project:** | Development of 800°C Integrated Flow Channel Ceramic Receiver |

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

16. Congressional Districts Of:
   * a. Applicant: CA-033
   * b. Program/Project: [Redacted]

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

17. Proposed Project:
   * a. Start Date: 01/01/2015
   * b. End Date: 09/30/2019

18. Estimated Funding (£):

<p>| | |</p>
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<td>* a. Federal</td>
<td>2,634,926.00</td>
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<td>* b. Applicant</td>
<td>654,000.00</td>
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<td>* c. State</td>
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<td>* d. Local</td>
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<td>* e. Other</td>
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<td>* f. Program Income</td>
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<td>* g. TOTAL</td>
<td>3,288,926.00</td>
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</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ✔ a. This application was made available to the State under the Executive Order 12372 Process for review on 02/20/2015
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
   ☐ Yes  ✔ 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, 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: Tim
Middle Name:
* Last Name: Connor
Suffix: 

*Title: Vice President of Engineering and Technology

*Telephone Number: 310-315-2269  Fax Number: 
*Email: tim.connor@solarrize.com

*Signature of Authorized Representative:  * Date Signed: 

[Signature Image]
Application for Federal Assistance SF-424

* 1. Type of Submission:  
   □ Preaplication  
   □ New  
   □ Application  
   □ Continuation  
   □ Changed/Corrected Application  
   □ Revision

* 2. Type of Application:  
   □ Other (Specify):

  A: Increase Award

* 3. Date Received:  
   STATE CLEARING HOUSE

  REACHED  
  FEB 19 2015

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

5a. Federal Entity Identifier:  
   15-8506-1317-CA

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:  
   11/30/2014

7. State Application Identifier:  
   14-0518-FR

8. APPLICANT INFORMATION:

* a. Legal Name:  
   State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   58-0323104

* c. Organizational DUNS:
   8074876650000

d. Address:

   1220 N Street, Room 315

   Street:

   Sacramento

   City:

   County/Parish:

   CA: California

   State:

   Province:

   USA: UNITED STATES

   Country:

   Zip / Postal Code:  
   95814

(e. Organizational Unit:

   Department Name:  
   Food and Agriculture

   Division Name:  
   Plant Health/Pest Prev Svcs

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

   Prefix:  
   * First Name:  
   Jason

   Middle Name:

   * Last Name:  
   Chan

   Suffix:

   Title:

   Organizational Affiliation:

   California Department of Food and Agriculture

   * Telephone Number:  
   (916) 654-1211

   Fax Number:  
   (916) 654-0555

   * Email:  
   jason.chan@cdfa.ca.gov
Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>9. Type of Applicant 1: Select Applicant Type:</th>
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<tr>
<td>A: State Government</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>* Other (specify):</td>
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<th>10. Name of Federal Agency:</th>
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<td>USDA/APHIS/PPQ</td>
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11. Catalog of Federal Domestic Assistance Number:

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<th>10-025</th>
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<tr>
<td>CFDA Title:</td>
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<td>Plant and Animal Disease, Pest Control, and Animal Care</td>
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<th>12. Funding Opportunity Number:</th>
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<tr>
<td>NA</td>
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<tr>
<td>* Title:</td>
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13. Competition Identification Number:

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<tr>
<td>Title:</td>
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14. Areas Affected by Project (Cities, Counties, States, etc.):

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</table>

15. Descriptive Title of Applicant's Project:

<table>
<thead>
<tr>
<th>European Grapevine Moth</th>
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</table>

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

16. Congressional Districts Of:
   * a. Applicant: 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: 5,089,981.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 5,089,981.00

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: 02/19/2015
   - 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 216, Section 1001)

   ✗ ** I AGREE

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

Authorized Representative:

Prefix: 
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: 

Add Attachment | Delete Attachment | View Attachment
APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. TYPE OF SUBMISSION
   [ ] Pre-application  [ ] Application  [ ] Changed/Corrected Application

2. DATE SUBMITTED
   02/25/2015

3. DATE RECEIVED BY STATE

4. a. Federal Identifier
   
   b. Agency Routing Identifier

5. APPLICANT INFORMATION

   Legal Name: Sonomaceuticals, LLC
   Department: Applied and Research Science
   Street: 421 Aviation Boulevard
   City: Santa Rosa
   State: CA, California
   County / Parish: Sonoma
   Country: USA, UNITED STATES
   Zip / Postal Code: 95403-1069

   Organization DUNS: 632804644

   Person to be contacted on matters involving this application:
   Prefix: Dr., First Name: Corey
   Last Name: Arvik
   Position/Title: Director of Applied and Research Science
   Street: 421 Aviation Boulevard
   City: Santa Rosa
   State: CA, California
   County / Parish: Sonoma
   Country: USA, UNITED STATES
   Zip / Postal Code: 95403-1069

   Phone Number: 707-525-6525
   Fax Number: 
   Email: corey.arvik@sonomaceuticals.com

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 27-0801957

7. TYPE OF APPLICANT:
   R: Small Business
   Other (Specify): 

8. TYPE OF APPLICATION:
   [ ] New  [ ] Resubmission
   [ ] Renewal  [ ] Continuation  [ ] Revision

   If Revision, mark appropriate box(es):
   [ ] A. Increase Award  [ ] B. Decrease Award  [ ] C. Increase Duration  [ ] D. Decrease Duration
   [ ] E. Other (specify):

   Is this application being submitted to other agencies? Yes [ ] No [x]  What other Agencies?

9. NAME OF FEDERAL AGENCY:
   National Institute of Food and Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
    TITLE: Small Business Innovation Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    Validation of Chardonnay Grape Seed Flour Manufacture and Study of Human Metabolic Response to Foods Containing it

12. PROPOSED PROJECT:
    Start Date: 09/01/2015  Ending Date: 08/31/2017

13. CONGRESSIONAL DISTRICT OF APPLICANT:
    CA-006
SF-424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr.  First Name: Corey  Middle Name: James
Last Name: Arvik
Position/Title: Director of Applied and Research Science
Organization Name: Bonamaceuticals, LLC
Department: Applied and Research Science  Division: 
Street: 421 Aviation Boulevard  Street:
City: Santa Rosa  County/Parish: Sonoma  State: CA  Province: 
Country: USA  ZIP/Postal Code: 95403-1069
Phone Number: 707-525-6925  Fax Number:
Email: corey.arvik@wholovine.com

16. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested: $500,000.00
b. Total Non-Federal Funds: $0.00
c. Total Federal & Non-Federal Funds: $500,000.00
d. Estimated Program Income: $0.00

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: 02/23/2015
b. NO  PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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 assurance 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.C. Code, Title 15, Section 1061)

☑ 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.

18. SPLD (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: Mr.  First Name: Scott  Middle Name: 
Last Name: Forsberg
Position/Title: Chief Operating Officer
Organization: Bonamaceuticals, LLC
Department:  Division: 
Street: 421 Aviation Boulevard  Street:
City: Santa Rosa  County/Parish: Sonoma  State: CA  Province: 
Country: USA  ZIP/Postal Code: 95403-1069
Phone Number: 707-525-6924  Fax Number:
Email: scott.forsberg@bonamaceuticals.com

Signature of Authorized Representative

Completed on submission to Grants.gov

Date Signed

Completed on submission to Grants.gov

20. Pre-application

21. Cover Letter Attachment
**SBIR/STTR Information**  
OMB Number: 4040-0001  
Expiration Date: 6/30/2016

* Program Type (select only one)  
- [X] SBIR  
- [ ] STTR  
  (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)

* SBIR/STTR Type (select only one)  
- [ ] Phase I  
- [X] Phase II  
- [ ] Fast-Track (See agency-specific instructions to determine whether a particular agency participates in Fast-Track)

**Questions 1-7 must be completed by all SBIR and STTR Applicants:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?</td>
<td>Yes</td>
</tr>
<tr>
<td>* 1b. Anticipated Number of personnel to be employed at your organization at the time of award.</td>
<td></td>
</tr>
<tr>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[X] No</td>
<td></td>
</tr>
<tr>
<td>* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies?</td>
<td>Yes</td>
</tr>
<tr>
<td>* If yes, insert the names of the Federal laborator(y)ies/agencies:</td>
<td></td>
</tr>
<tr>
<td>USDA-ARS Western Human Nutrition Research Center, Davis, CA</td>
<td></td>
</tr>
<tr>
<td>USDA-ARS Western Region Research Center, Albany, CA</td>
<td></td>
</tr>
<tr>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[X] No</td>
<td></td>
</tr>
<tr>
<td>* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <a href="http://www.sba.gov">http://www.sba.gov</a></td>
<td>No</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[X] No</td>
<td></td>
</tr>
<tr>
<td>* 4. Will all research and development on the project be performed in its entirety in the United States?</td>
<td>Yes</td>
</tr>
<tr>
<td>* If no, provide an explanation in an attached file.</td>
<td></td>
</tr>
<tr>
<td>* Explanation:</td>
<td></td>
</tr>
<tr>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[X] No</td>
<td></td>
</tr>
<tr>
<td>* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work?</td>
<td>No</td>
</tr>
<tr>
<td>* If yes, insert the names of the other Federal agencies:</td>
<td></td>
</tr>
<tr>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[X] No</td>
<td></td>
</tr>
<tr>
<td>* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?</td>
<td>Yes</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[X] No</td>
<td></td>
</tr>
</tbody>
</table>

**7. Commercialization Plan:** If you are submitting a Phase II or Phase II/Phase III Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions.

* Attach File:
## Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>Type of Submission</th>
<th>Type of Application</th>
<th>Other (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Preapplication</td>
<td>New</td>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by Grants.gov upon submission.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>State Use Only:</th>
<th>6. Date Received by State:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. APPLICANT INFORMATION:

- **a. Legal Name:** Lake of the Woods Mutual Water Company
- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 8952258164
- **c. Organizational DUNS:** 112738778

<table>
<thead>
<tr>
<th>d. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7025 Cuddy Valley Road, #F</td>
</tr>
<tr>
<td>Frazier Park, Kern, California USA: UNITED STATES</td>
</tr>
<tr>
<td>Zip / Postal Code: 93225</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Organizational Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Name:</td>
</tr>
<tr>
<td>Division Name:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td>Robert</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Middle Name:</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stowell</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title:</th>
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</thead>
<tbody>
<tr>
<td>President, Lake of the Woods Mutual Water Company</td>
</tr>
</tbody>
</table>

Organizational Affiliation: Boardmember

<table>
<thead>
<tr>
<th>* Telephone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(661) 245-1448</td>
<td></td>
</tr>
</tbody>
</table>

* Email: lowh2o@frazmtn.com
Applicant for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
   - [ ] Not for Profit, Mutual Water Company

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   - [ ] USDA, Rural Development

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

   CPDA Title:
   - Water and Waste Disposal Loan & Grant

* 12. Funding Opportunity Number:

* 13. Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   - Lake of the Woods MWC, Kern County, CA

* 15. Descriptive Title of Applicant's Project:
   - Lake of the Woods Water Emergency Water Supply Project: Phase 2: Well construction & replacement of Leaking Distribution System and Meter Installation. The existing system is struggling to supply water from their low producing wells & loses water from old, leaking and broken pipelines that require many expensive repairs each year. The State has mandated restoring the water supply and installation of new water meters. A state funded new well will be built & new water lines will replace leaking/subject water lines & water meters will be installed.

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

16. Congressional District Of:
   a. Applicant 623
   b. Program/Project 23

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

17. Proposed Project:
   a. Start Date: 2/12/2015
   b. End Date: 2/3/2015

18. Estimated Funding ($):
   a. Federal 1,000,000
   b. Applicant 27,500
   c. State 500,000
   d. Local
   e. Other
   f. Program Income
   g. TOTAL 1,527,500

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 2-5-15
   □ 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  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: Mr.  * First Name: Robert
Middle Name: 
* Last Name: Stowell
Suffix: 

* Title: President, Lake of the Woods Mutual Water Company

*Telephone Number: (661) 245-1448  Fax Number: (661) 245-4402
* Email: lowh20@frazzmh.com

* Signature of Authorized Representative: [Signature]
   Date Signed: February 5, 2015
# Application for Federal Assistance SF-424

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

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

**3. Date Received:**
- [ ]

**4. Applicant Identifier:**
- [ ]

**5a. Federal Entity Identifier:**
- [ ]

**5b. Federal Award Identifier:**
- [ ]

**6. Date Received by State:**
- [ ]

**7. State Application Identifier:**
- [ ]

**8. APPLICANT INFORMATION:**

* a. Legal Name: **Peoples' Self-Help Housing Corporation**

* b. Employer/Taxpayer Identification Number (EIN/TIN): **05-2750154**

* c. Organizational DUNS: **09-661-44112**

**d. Address:**
- [ ]

**e. Organizational Unit:**
- [ ]

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

Prefix: **Mr.**

* First Name: **Morgan**

Middle Name: **[ ]**

* Last Name: **Benevedo**

Suffix: **[ ]**

**Title:** **Project Manager**

Organizational Affiliation: **Peoples' Self-Help Housing Corporation**

* Telephone Number: **805-540-2475**

Fax Number: **805-544-1901**

* Email: **morganb@pshhc.org**
**Application for Federal Assistance SF-424**

**9. Type of Applicant 1: Select Applicant Type:**
- Nonprofit with 501(c)(3) IRS Status (Other than 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 Agriculture

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

**CFDA Title:**
- Farm Labor Housing Loans and Grants

**12. Funding Opportunity Number:**
- 514/516

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

**13. Competition Identification Number:**
- n/a

**Title:**

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

**15. Descriptive Title of Applicant’s Project:**
- Chapel Court Apartments

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

15. 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: 08/03/2015
   * b. End Date: 02/03/2016

19. Estimated Funding ($):

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>a. Federal</td>
<td>1,553,832.00</td>
<td></td>
</tr>
<tr>
<td>b. Applicant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. State</td>
<td></td>
<td></td>
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<tr>
<td>d. Local</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Other</td>
<td></td>
<td></td>
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<tr>
<td>f. Program Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>1,553,832.00</td>
<td></td>
</tr>
</tbody>
</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - a. This application was made available to the State under the Executive Order 12372 Process for review on 02/26/2015
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

   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 216, Section 1001).”

   ** I AGREE

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

Authorized Representative:

Prefix: Mr.

* First Name: Ken

Middle Name:

* Last Name: Triguero

Suffix:

* Title: Executive Vice President & CFO

* Telephone Number: 805-540-2453

Fax Number: 805-544-1901

* Email: kennetht@hhhc.org

* Signature of Authorized Representative: [Signature]

* Date Signed: [Date]
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

1.a. Type of Submission:  
- ✓ Application  
- No Plan  
- No Funding Request  
- No Other  

1.b. Frequency:  
- ✓ Annual  
- No Quarterly  
- No Other  

1.d. Version:  
- No Initial  
- No Resubmission  
- No Revision  
- No Update  

2. Date Received:  
- 03/03/2015  

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?  
- No  

7. APPLICANT INFORMATION:  

a. Legal Name:  
- West Bay Sanitary District  

b. Employer/Taxpayer Identification Number (EIN/TIN):  
- 94-6000903  

c. Organizational DUNS:  
- 609518-4846  

d. Address:  
- Street1: 990 Laurel Street  
- Street2:  
- City: Menlo Park  
- County / Parish:  
- State: CA: California  
- Province:  
- Country: USA: UNITED STATES  
- Zip / Postal Code: 94025  

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: Phil  
- Middle Name:  
- Last Name: Scott  
- Suffix:  
- Title: District Manager  
- Organizational Affiliation:  
- Telephone Number: (650) 678-7161  
- Fax Number: (650) 321-4265  
- Email: PScott@westbaysanitary.org
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

D: Special District, Government

b. Additional Description:

9. Name of Federal Agency:

Bureau of Reclamation

10. Catalog of Federal Domestic Assistance Number:

H15AB000015

CFDA Title:

11. Descriptive Title of Applicant's Project:

West Bay Sanitary District Recycled Water Feasibility Study

12. Areas Affected by Funding:

Menlo Park, CA

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-010

b. Program/Project:

CA-018

14. FUNDING PERIOD:

a. Start Date: 11/26/2014

b. End Date: 12/31/2015

15. ESTIMATED FUNDING:

a. Federal ($): 147,500.00

b. Match ($): 147,500.00

16. 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: 02/23/2015

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

☐ c. Program is not covered by E.O. 12372.
APPplication for Federal Assistance SF-424 - MANDATORY

17. Is the Applicant Delinquent on Any Federal Debt?

Yes [ ] No [x] Explanation:

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

Prefix: [ ]

First Name: [ ]

Middle Name: [ ]

Last Name: [ ]

cort

Suffix: [ ]

Title: [ ]

district Manager

Organizational Affiliation:

[ ]

Telephone Number: [ ]

650-321-0384

Fax Number: [ ]

650-321-4263

Email: [ ]

scott@westbaysanitary.org

Signature of Authorized Representative:

[ ]

Date Signed: 93/02/2015

Attach supporting documents as specified in agency instructions.

[Add Attachments] [Remove Attachments] [View Attachments]
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:

* 4. Applicant Identifier: 
   - not applicable

5a. Federal Entity Identifier: 
   - not applicable

5b. Federal Award Identifier: 
   - not applicable

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Self-Help Home Improvement Project

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2990678

* c. Organizational DUNS: 088852603

d. Address:
   - 3777 Meadowview Drive #100
   - Redding
   - Shasta
   - CA: California
   - USA: UNITED STATES
   - 96002

e. Organizational Unit:
   - Department Name: SHHIP
   - Division Name: New Construction

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: 
   - Middle Name: 
   - * Last Name: Griffith
   - Suffix: 
   - Title: Executive Director

Organizational Affiliation:

* Telephone Number: 530-378-6904
* Fax Number: 530-378-6910
* Email: rgriff@shhip.org
**Application for Federal Assistance SF-424**

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

- M: Nonprofit with 501C3 IRS Status (Other than 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:**

USDA Rural Development

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

10-420

**CFDA Title:**

**12. Funding Opportunity Number:**

10-420

**Title:**

Self-Help New Construction

**13. Competition Identification Number:**

not applicable

**Title:**

not applicable

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

- Shasta/Tehama counties

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

Application for funding for a rural Self-Help Technical Assistance program for 14 housing units over a two year period in Shasta and Tehama counties, California.

Attach supporting documents as specified in agency Instructions.

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

16. Congressional Districts Of:
   * a. Applicant  2nd -
   * b. Program/Project 2nd -

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

17. Proposed Project:
   * a. Start Date: 6-01-15
   * b. End Date: 6-01-17

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 385,000.00

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 2/26/15.
   □ 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 in attachment.)
   □ Yes  X No
   If "Yes", provide explanation and attach

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

Middle Name:  

* Last Name: Griffith

Suffix:  

* Title: Executive Director

* Telephone Number: 530-378-6904  Fax Number: 530-378-6910

* Email: kgrif@ship.org

* Signature of Authorized Representative: Keith Griffith  * Date Signed: 2/25/15