Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse January 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
   - [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: Sacramento Metropolitan Air Quality Management District

b. Employer/Taxpayer Identification Number (EIN/TIN):
   98-0382186

c. Organizational DUNS:
   0264538930000

d. Address:
   - Street1: 777 12th Street, 3rd Floor
   - City: Sacramento
   - County/Parish: 
   - State: CA: California
   - Province: 
   - Country: USA: UNITED STATES
   - Zip/Postal Code: 95814-1903

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

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

   - Title: Division Manager

   - Organizational Affiliation: 

   - Telephone Number: 916-574-4832
   - Fax Number: 916-574-4899

   - Email: btollstrup@airquality.org
Application for Federal Assistance SF-424

* 8. Type of Applicant 1: Select Applicant Type:
   - Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   - Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
   - 66.034

CFDA Title:
Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

* 12. Funding Opportunity Number:
   - EPA-0AR-CAQPS-15-01

* Title:
Community-Scale Air Toxics Ambient Monitoring

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
Measuring Air Toxics from Wood Smoke and Mitigating Exposure in Sacramento EJ Communities
Application for Federal Assistance SF-424

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

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 12/30/2016

18. Estimated Funding ($) :
   * a. Federal 360,322.00
   * b. Applicant 154,160.00
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 515,092.00

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 01/05/2015.
   * 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. I AGREE
   "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)"

Authorized Representative:

Prefix:  
Middle Name:  
* Last Name: Tollstrup
Suffix:  
* Title: Division Manager

* Telephone Number: 816-874-4832  
Fax Number: 816-874-4039

Email: boltstrup@airquality.org

* 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

3. **Date Received:**
   - Received: **JAN 9 2015**
   - STATE CLEARING HOUSE

4. **Application Identifier:**
   - KRV

5a. **Federal Entity Identifier:**
   - 3-06-0201

5b. **Federal Award Identifier:**

6. **State Use Only:**
   - Date Received by State:

7. **State Application Identifier:**

8. **APPLICANT INFORMATION:**
   - *Legal Name:* March Inland Port Airport Authority

   - *Employer/Taxpayer Identification Number (EIN/TIN):* 33-0579350

   - *Organizational DUNS:* 799839428

9. **Address:**
   - *Street1:* 23555 Meyer Drive
   - *City:* Riverside
   - *State:* California
   - *Country:* USA
   - *Zip/Postal Code:* 92518

10. **Organizational Unit:**
    - Department Name: March Joint Powers Authority
    - Division Name: March Inland Port Airport Authority

11. **Name and contact information of person to be contacted on matters involving this application:**
    - **Prefix:** Mr.
    - **Middle Name:** W.
    - **Last Name:** Goeliga
    - **Title:** Airport Director
    - **Organizational Affiliation:**

12. **Telephone Number:** (951) 855-7000
    - **Fax Number:** (951) 853-5558
    - **Email:** goeliga@marchpaa.com
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:
   - D. Special District Government

Type of Applicant 2: Select Applicant Type:
   - Select One

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

* Other (specify):

10. Name of Federal Agency:
    Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
    20.106

    CFDA Title:
    Airport Improvement Program

12. Funding Opportunity Number: N/A

13. Competition Identification Number: N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Cities of Moreno Valley, Perris, Riverside, CA, County of Riverside

15. Descriptive Title of Applicant's Project:
    Design & Construct Apron Rehabilitation

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

16. Congressional Districts Of:
*a. Applicant: 41st
data. Program/Project: 41st

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

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

18. Estimated Funding ($):
*a. Federal 2,511,900.00
data. Applicant 279,100.00
data. State
data. Local
data. Other
data. Program Income
g. TOTAL 2,791,000.00

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 12/30/14
data. Program is subject to E.O. 12372 but has not been selected by the State for review.
data. 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: Ms. *First Name: Lori
Middle Name: M. *Last Name: Stone
Suffix:

*Title: Executive Director

*Telephone Number: (951) 658-7000  Fax Number: (951) 653-5658

*Email: stone@marchpja.com

*Signature of Authorized Representative: *Date Signed: 12/30/14
**Application for Federal Assistance SF-424**

Version 02

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<td>☐ Continuation</td>
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</tr>
<tr>
<td>☐ Changed/Corrected Application</td>
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3. Date Received: JAN 07 2015

4. Applicant Identifier: 1162-1551

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: MicroBio Engineering, Inc.*

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

*c. Organizational DUNS: 611654141*

d. **Address:**

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<th>PO Box 15621</th>
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<tr>
<td>Street 2:</td>
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<td>City:</td>
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<td>County:</td>
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<td>State:</td>
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<td>Country:</td>
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<td>Zip / Postal Code</td>
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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: Jan* 

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*
**Application for Federal Assistance SF-424**

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

**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:**
- 81.087

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

**12. Funding Opportunity Number:**
- DE-FOA-0001162

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- City of San Luis Obispo, San Luis Obispo County, CA
- City of Livermore, Alameda County, CA
- City of Richland, Benton County, WA
- City of Portola Valley, San Mateo County, CA

**15. Descriptive Title of Applicant's Project:**
- Algae Fuels, Bioproducts and Clean Water Consortium (AFBW)

The proposed project will demonstrate the production of biofuels and bioproducts from algal biomass co-produced during...
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.

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<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
<th>Version 02</th>
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<tr>
<td>16. Congressional Districts Of:</td>
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<td>*a. Applicant: CA-024</td>
<td>*b. Program/Project: CA-024</td>
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<td>17. Proposed Project:</td>
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<td>*a. Start Date: 9/1/2015</td>
<td>*b. End Date: 8/30/2019</td>
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<td>18. Estimated Funding ($)</td>
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<tr>
<td>*a. Federal</td>
<td>a. $6,875,124</td>
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<td>*b. Applicant</td>
<td>b. $920,000</td>
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<td>*c. State</td>
<td>c. $0</td>
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<td>*d. Local</td>
<td>d. $74,364</td>
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<td>*e. Other</td>
<td>e. $808,208</td>
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<td>*f. Program Income</td>
<td>f. $0</td>
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<td>*g. TOTAL</td>
<td>g. 8,677,897</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 12/19/14
- [ ] 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.)
- [ ] 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: Ian  
Middle Name:  
*Last Name: Woertz
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
   ☑ Non-Construction
   [ ] Construction
   [ ] Pre-Construction

2. DATE SUBMITTED
   January 6, 2015

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY
   Federal Identifier: CA-95-X298

5. APPLICANT INFORMATION

   Legal Name:
   San Mateo Transit District
   Address (give city, county, State, and zip code):
   1250 San Carlos Blvd.
   San Carlos, CA 94070

   Received: JAN 9 2015

   Organizational Unit:
   Development

   Name and telephone number of person to be contacted on matters involving this application (give area code):
   Rebecca Arthur (650) 508-6368

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   94-2325976

7. TYPE OF APPLICATION:
   ☑ New
   [ ] Continuation
   [ ] Revision
   If Revision, enter appropriate letter(s) in box(es)
   [ ]

   A. Increase Award
   B. Decrease Award
   C. Increase Duration
   D. Decrease Duration
   Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

   20-507

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
   Preventive Maintenance

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
   San Mateo County

13. PROPOSED PROJECT

   Start Date: 7/1/14
   Ending Date: 6/30/15

   a. Applicant
   12 & 14

14. CONGRESSIONAL DISTRICTS OF:

   b. Project

15. ESTIMATED FUNDING:

   a. Federal
   $687,240
   b. Applicant
   $0
   c. State
   $0
   d. Local
   $89,040
   e. Other
   $0
   f. Program Income
   $0
   g. Total
   $776,280

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: 01/15/15
   b. No. [ ] Program is not covered by E.O. 12372 [ ] Program has not been selected by State for review

17. Is the applicant delinquent on any federal debt?
   [ ] Yes  [ ] No
   If "Yes," attach an explanation.

18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

   a. Type Name of Authorized Representative
   Eva Goode
   b. Title
   Director, Grants
   c. Telephone Number
   (650) 508-7914
   d. Signature of Authorized Representative
   Eva Goode
   e. Date Signed
   1/15/15

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

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

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

3. Date Received:
   Completed by Grants.gov upon submission.
   RECEIVED
   JAN 09 2015

4. Applicant Identifier:
   [ ] State Clearing House
   STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Data Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Special Service for Groups

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      95-1716914

   c. Organizational DUNS:
      0265080720000

   d. Address:
      Street 1: 905 E. 8th Street
      Street 2: 
      City: Los Angeles
      County/Parish: 
      State: CA: California
      Province: 
      Country: USA: UNITED STATES
      Zip / Postal Code: 90021-1848

   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: Elizabeth
      Middle Name: 
      Last Name: Berger
      Suffix: 
      Title: Development Director
      Organizational Affiliation: 
      Telephone Number: 213-563-1862
      Fax Number: 
      Email: elizabeth@ssgnain.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:**

- Environmental Protection Agency

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

- 

**CFDA Title:**

- 

**12. Funding Opportunity Number:**

- EPA-OSCA-05J-15-01

* Title:

- Environmental Justice Small Grants Program – Application Guidance FY2015

**13. Competition Identification Number:**

- NONE

**Title:**

- 

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

- 

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

- Particulates Matter

Attach supporting documents as specified in agency instructions.

- 

## Application for Federal Assistance SF-424

### 16. Congressional Districts Of:
- **a. Applicant**: CA-034
- **b. Program/Project**: CA-025

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

### 17. Proposed Project:
- **a. Start Date**: 10/01/2015
- **b. End Date**: 09/30/2016

### 18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tr>
<td><strong>a. Federal</strong></td>
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<td><strong>b. Applicant</strong></td>
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<td><strong>c. State</strong></td>
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<td><strong>d. Local</strong></td>
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<td><strong>e. Other</strong></td>
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<td><strong>f. Program Income</strong></td>
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<td><strong>g. TOTAL</strong></td>
<td>30,000.00</td>
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</tbody>
</table>

### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/09/2015.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

### 20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes,” provide explanation in attachment.)
- [ ] Yes
  - [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**: Rezber
t
- **Middle Name**: 
- **Last Name**: Maranaka
- **Suffix**: 

- **Title**: Executive Director

- **Telephone Number**: 213-551-1800
- **Fax Number**: 

- **Email**: aqg@aqgmain.org

- **Signature of Authorized Representative**: 
- **Date Signed**: 

*Complied by Grants.gov upon submission.*
## Application for Federal Assistance SF-424

**Version 02**

<table>
<thead>
<tr>
<th>*1. Type of Submission:</th>
<th>*2. Type of Application</th>
<th>* If Revision, select appropriate letter(s):</th>
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<td>☐ Pre application</td>
<td>☑ New</td>
<td></td>
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<tr>
<td>☑ Application</td>
<td>☐ Continuation</td>
<td>*Other (Specify)</td>
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<tr>
<td>☐ Changed/Corrected Application</td>
<td>☐ Revision</td>
<td></td>
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### 3. Date Received:

**JAN 22 2015**

### 4. Applicant Identifier:

**STATE CLEARING HOUSE**

#### 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:** Strategic Energy Innovations

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 68-0404081

**c. Organizational DUNS:** 122 369 973

#### d. Address:

- **Street 1:** 899 Northgate Drive  
- **Street 2:** Suite 410  
- **City:** San Rafael  
- **State:** CA  
- **Province:**  
- **Country:** USA  
- **Zip / Postal Code:** 94903

#### 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:** Stephen  
- **Middle Name:**  
- **Last Name:** Miller  
- **Suffix:**  

- **Title:** Deputy Director  
- **Organizational Affiliation:**

- **Telephone Number:** 415-507-2186  
- **Fax Number:** 415-507-1975

- **Email:** stephen@selinc.org
**Application for Federal Assistance SF-424**

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<td>Type of Applicant 3: Select Applicant Type:</td>
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<td><em>Other (Specify)</em></td>
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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>12. Funding Opportunity Number:</strong></td>
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<td><em>Title:</em></td>
<td>Environmental Justice Small Grants Program</td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td>Title:</td>
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<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
<td>Visalia, CA</td>
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<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
<td>Sustainable Development in California's Central Valley</td>
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16. Congressional Districts Of:
   *a. Applicant: CA-002
   *b. Program/Project: CA-022

17. Proposed Project:
   *a. Start Date: October 1, 2015
   *b. End Date: July 1, 2016

18. Estimated Funding ($): $62,200
   *a. Federal  $30,000
   *b. Applicant  $17,500
   *c. State  $14,700
   *d. Local  
   *e. Other  
   *f. Program Income  
   *g. TOTAL  

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ✔ a. This application was made available to the State under the Executive Order 12372 Process for review on 1/8/2015
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E. O. 12372

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

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

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

Authorized Representative:

Prefix:  
Middle Name:  
*Last Name: Dandridge  
Suffix:  

*Title: Executive Director

*Telephone Number: 415-507-2184  Fax Number: 415-507-1975

*Email: cyane@seiinc.org

*Signature of Authorized Representative:  
*Date Signed: 1/8/2014

Authorized for Local Reproduction
*Applicant Federal Debt Delinquency Explanation

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.
Application for Federal Assistance SF-424

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

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

* 3. Date Received:

* 4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   * a. Legal Name: San Jose State University Research Foundation

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

9. Address:

   - Street1: 210 North Fourth Street
   - Street2: 8th Floor
   - City: San Jose
   - County: Santa Clara
   - State: CA California
   - Province: 
   - Country: USA UNITED STATES
   - Zip / Postal Code: 95112-3569

   * d. Address:

   * e. Organizational Unit:

   Department Name: SJSU Research Foundation
   Division Name: Pre-award

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

   - Prefix: Ms.
   - First Name: Jeanna
   - Middle Name: 
   - Last Name: Ollman
   - Suffix: 
   - Title: Director, Office of Sponsored Programs
   - Organizational Affiliation: 
   - Telephone Number: 408-924-1434
   - Fax Number: 408-924-1466
   - Email: foundation-osp@sjsu.edu

Funding Opportunity Number:

Received Date: Time Zone: GMT-5
**Application for Federal Assistance SF-424**

8. Type of Applicant 1: Select Applicant Type:
   - [ ] K: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Non-profit auxiliary to SJSU

9. 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-FHO-2015-2004246

* Title:

13. Competition Identification Number:
   - 2505656

Title:

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

15. Descriptive Title of Applicant’s Project:

Improving stock assessments for overfished species and maximizing fishing opportunities; visual surveys of untrawlable areas in the Rockfish Conservation Areas

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

16. Congressional Districts Of:
   * a. Applicant CA-019
   * b. Program/Project CA-020

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

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

18. Estimated Funding (3):
   * a. Federal 280,417.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 280,417.00

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 12/1/2014
   - 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 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: Pamela
Middle Name: C
* Last Name: Stacks
Suffix: 
* Title: AVP, Research

* Telephone Number: 4089242428 Fax Number: 4089241486
* Email: Foundation-OSP@Sdsu.edu

* Signature of Authorized Representative: Pamela Stacks * Date Signed: 07/01/2014

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006) Prescribed by OMB Circular A-112
**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:**
   - Completed by Grants.gov upon submission.

4. **Applicant Identifier:**
   - [ ] Received
   - [ ] JAN 13, 2015

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:** The Living Coast Discovery Center

   **b. Employer/Taxpayer Identification Number (EIN/TIN):** 330750177

   **c. Organizational DUNS:** 0608154290000

   **d. Address:**
   - 1000 Gunpowder Point Drive
   - San Diego

   **State:** CA: California

   **Country:** USA: UNITED STATES

   **Zip / Postal Code:** 91910-8222

9. **Organizational Unit:**

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

   **Prefix:** Mr.

   **First Name:** Benedict

   **Middle Name:**

   **Last Name:** Vallejos

   **Suffix:**

   **Title:** Executive Director

   **Organizational Affiliation:**

   **Telephone Number:** 619-409-5900

   **Fax Number:**

   **Email:** ben@thelivingcoast.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   N: Nonprofit without 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 Commerce

11. Catalog of Federal Domestic Assistance Number:
   11.463
   CFDA Title:
   Habitat Conservation

12. Funding Opportunity Number:
   NOAA-NOS-ORR-2015-2006319
   * Title:
   FY2015 NOAA Marine Debris Prevention through Education and Outreach

13. Competition Identification Number:
   2506418
   Title:

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

15. Descriptive Title of Applicant's Project:
   Project Blue S.E.A. (Students, Engagement, and Action)

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

16. Congressional Districts Of:
   * a. Applicant 51
   * b. Program/Project 51

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

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

18. Estimated Funding ($) :
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 95,806.07

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 01/15/2015.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

* First Name: Benedict

Middle Name:

* Last Name: Vallejos

Suffix:

* Title: Executive Director

* Telephone Number: (619) 409-5900

Fax Number:

* Email: ben@thelivingcoast.org

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

Version 02

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

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

3. Date Received:
   - [Date]

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

8. Applicant Information:
   - a. Legal Name: El Dorado Irrigation District
   - b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036480
   - c. Organizational DUNS: 048946420
   - d. Address:
     - Street1: 2890 Mosquito Rd
     - City: Placerville
     - State: CA: California
     - Zip/Postal Code: 95667
   - e. Organizational Unit:
     - Department Name:
     - Division Name:
   - f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix: Mr.
     - Middle Name: 
     - First Name: Bob
     - Last Name: Rice
     - Suffix: 
     - Title: Senior Civil Engineer
     - Organizational Affiliation:
     - Telephone Number: 530-642-4070
     - Fax Number: 530-642-4379
     - Email: brricesid.org
Application for Federal Assistance SF-424

9. 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:
    15.507

CFDA Title:
WaterSMART (Sustaining and Managing America's Resources for Tomorrow)

* 12. Funding Opportunity Number:
    RLSAS0000002

* Title:

13. Competition Identification Number:

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Pollock Pines and Camino, El Dorado County, California

* 16. Descriptive Title of Applicant's Project:
    Construct approximately 3-mile pipeline to convey water from Forebay Reservoir to Reservoir 1
    Water Treatment Plant. Project replaces the open earthen ditch that currently conveys water in
    this area.

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

**Version 02**

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

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

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

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

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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>
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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 01/13/2015.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

**21. **

By signing this application, I certify (1) to the statements contained in 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:** Jim

**Middle Name:**

**Last Name:** Abercrombie

**Suffix:**

**Title:** General Manager

**Telephone Number:** 530-662-4041  
**Fax Number:** 530-662-4341

**Email:** jamie@abc.com

**Signature of Authorized Representative:** Complied by [Name] upon submission.  
**Date Signed:** Complied by [Name] upon submission.

Authorized for Local Reproduction

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

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

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

* If Revision, select appropriate letter(s):

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

* 4. Applicant Identifier:
   Explore Ecology

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: Explore Ecology

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-4944165

* c. Organizational DUNS: 045777250000

9. Address:

   * Street: 302 E. Cota Street
   * City: Santa Barbara
   * State: CA: California
   * Province: 
   * Country: USA: UNITED STATES
   * Zip / Postal Code: 93101-1622

10. Organizational Unit:

   Department Name: 
   Division Name: 

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

   Prefix: Mrs.
   * First Name: Ashley
   Middle Name: 
   * Last Name: Hollister
   Suffix: 

   Title: Board President

   Organizational Affiliation: 

   Board President: 

   * Telephone Number: 805 884-0459 X 17
   Fax Number: 805 884-1879

   * Email: Ashley@ExploreEcology.org

Received: JAN 13 2015
STATE CLEARING HOUSE
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   [ ] 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:
   Department of Commerce

11. Catalog of Federal Domestic Assistance Number:
   11.463
   CFDA Title:
   Habitat Conservation

* 12. Funding Opportunity Number:
   NOAA-SOS-ORR-2015-2504319
   * Title:
   FY2015 NOAA Marine Debris Prevention through Education and Outreach

13. Competition Identification Number:
   2504318
   Title:

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

   Attach supporting documents as specified in agency instructions.
   [ ] Add Attachments [ ] Delete Attachments [ ] View Attachments

* 15. Descriptive Title of Applicant's Project:
   Flows to the Ocean Marine Debris Prevention Program
Application for Federal Assistance SF-424

16. Congressional Districts 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: 08/15/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):

   * a. Federal 48,000.00
   * b. Applicant
   * c. State
   * d. Local 38,430.00
   * e. Other 10,000.00
   * f. Program income 0.00
   * g. TOTAL 96,430.00

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 01/13/2014
   □ 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 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: Mrs.
Middle Name: 
* Last Name: Hollister
SUFFIX: 
* Title: Board President

* Telephone Number: (805) 884-0459 X 17
Fax Number: (805) 884-1879

* Email: Ashley@exploreecology.org

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

<table>
<thead>
<tr>
<th><strong>1. Type of Submission:</strong></th>
<th><strong>2. Type of Application:</strong></th>
<th><strong>3. Date Received:</strong></th>
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<tr>
<td>Application</td>
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<td>Changed/Corrected Application</td>
<td>Revision</td>
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<tr>
<th><strong>5a. Federal Entity Identifier:</strong></th>
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<th><strong>6. Date Received by State:</strong></th>
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**State Use Only:**

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<th><strong>STATE CLEARING HOUSE</strong></th>
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</thead>
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**8. APPLICANT INFORMATION:**

<table>
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<tr>
<th><strong>a. Legal Name:</strong></th>
<th>The Regents of the University of California</th>
</tr>
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<tbody>
<tr>
<td><strong>b. Employer/Taxpayer Identification Number (EIN/TIN):</strong></td>
<td>946036494</td>
</tr>
<tr>
<td><strong>c. Organizational DUNS:</strong></td>
<td>6045919250000</td>
</tr>
<tr>
<td><strong>d. Address:</strong></td>
<td>1111 Franklin Street, 10th Floor</td>
</tr>
<tr>
<td><strong>Street:</strong></td>
<td>1111 Franklin Street, 10th Floor</td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td>Oakland</td>
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<td><strong>County/Parish:</strong></td>
<td>Alameda</td>
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<td><strong>State:</strong></td>
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<td><strong>Zip / Postal Code:</strong></td>
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<th><strong>e. Organizational Unit:</strong></th>
<th>Water Resources</th>
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<tr>
<td><strong>Division Name:</strong></td>
<td>Agriculture &amp; Natural Resource</td>
</tr>
</tbody>
</table>

| **f. Name and contact information of person to be contacted on matters involving this application:** |
|-----------------|-----------------|
| **Prefix:** |                        |
| **First Name:** | Doug |
| **Middle Name:** |                                   |
| **Last Name:** | Parker |
| **Suffix:** |                      |
| **Title:** | Director, California Institute Water Resources |
| **Organizational Affiliation:** | University of California, Agriculture and Natural Resources |
| **Telephone Number:** | 510-987-0036 |
| **Fax Number:** |                        |
| **Email:** | doug.parker@ucop.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:**

U.S. Geological Survey

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

15.803

**CFDA Title:**

Assistance to State Water Resources Research Institutions

**12. Funding Opportunity Number:**

11RQPA00002

**13. Competition Identification Number:**

N/A

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

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

State Water Resources Research Institute Program, Fiscal Year 2015

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-All

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

17. Proposed Project:
   * a. Start Date: 03/01/2015
   * b. End Date: 02/29/2016

18. Estimated Funding ($):
   |   * a. Federal         | 92,395.00 |
   |   * b. Applicant       | 294,844.00 |
   |   * c. State           |            |
   |   * d. Local           |            |
   |   * e. Other           |            |
   |   * f. Program income  |            |
   |   * g. TOTAL           | 387,139.00 |

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 01/13/2015.
   - [ ] 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: 
Middle Name: 
* First Name: Kendra
* Last Name: Rose
Suffix: 

* Title: Contracts and Grants Analyst

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

* Email: ktrose@ucanr.edu

* Signature of Authorized Representative: 
* Date Signed: 4/13/15