Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse January 16 - 30, 2015. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.
**Application for Federal Assistance SF-424**

<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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<tbody>
<tr>
<td>□ Preapplication</td>
<td>□ Continuation</td>
<td>* Other (Specify):</td>
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<tr>
<td>□ Application</td>
<td>□ New</td>
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<tr>
<td>□ Changed/Corrected Application</td>
<td>□ Revision</td>
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<th>3. Date Received:</th>
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**State Use Only:**

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**8. APPLICANT INFORMATION:**

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<tr>
<th>9a. Legal Name:</th>
<th>9b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>9c. Organizational DUNS:</th>
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</thead>
<tbody>
<tr>
<td>The Regents of the University of California</td>
<td>546036494</td>
<td>0471200840000</td>
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<table>
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<tr>
<th>9d. Address:</th>
</tr>
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<tbody>
<tr>
<td>Office of Research, Sponsored Programs</td>
</tr>
<tr>
<td>1850 Research Park Drive, Suite 300</td>
</tr>
<tr>
<td>Davis</td>
</tr>
<tr>
<td>Yolo</td>
</tr>
<tr>
<td>CA: California</td>
</tr>
<tr>
<td>USA: UNITED STATES</td>
</tr>
<tr>
<td>95618-6153</td>
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<th>9e. Organizational Unit:</th>
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<tr>
<td>Office of Research</td>
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<tr>
<td>Sponsored Programs</td>
</tr>
</tbody>
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**f. Name and contact information of person to be contacted on matters involving this application:**

<table>
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<tr>
<th>Prefix:</th>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
<th>Suffix:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr.</td>
<td>Swoo</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Title:</th>
<th>Organizational Affiliation:</th>
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<tr>
<td>Adjunct Professor</td>
<td>The University of California Davis</td>
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<table>
<thead>
<tr>
<th>* Telephone Number:</th>
<th>Fax Number:</th>
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<tbody>
<tr>
<td>530-754-8183</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>* Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:sjteh@ucdavis.edu">sjteh@ucdavis.edu</a></td>
</tr>
</tbody>
</table>
# 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:**
- Department of Commerce

**11. Catalog of Federal Domestic Assistance Number:**
- 11.463

**CPDA Title:**
- Habitat Conservation

**12. Funding Opportunity Number:**
- NOAA-NOS-OSR-2015-2004319

**Title:**
- FY2015 NOAA Marine Debris Prevention through Education and Outreach

**13. Competition Identification Number:**
- 2508418

**Title:**

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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<table>
<thead>
<tr>
<th>16. Descriptive Title of Applicant’s Project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is all connected Marine Debris in our own Backyards</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-003
   * b. Program/Project CA-003

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

17. Proposed Project:
   * a. Start Date: 08/01/2015
   * b. End Date: 07/31/2017

18. Estimated Funding ($):

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<tr>
<td>a. Federal</td>
<td>57,529.00</td>
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<td>b. Applicant</td>
<td>59,239.00</td>
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<td>c. State</td>
<td>0.00</td>
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<tr>
<td>d. Local</td>
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<tr>
<td>e. Other</td>
<td>0.00</td>
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<tr>
<td>f. Program Income</td>
<td>0.00</td>
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<tr>
<td>g. TOTAL</td>
<td>116,768.00</td>
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</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 01/15/2015
   - [ ] 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.)
   - [x] 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)

   - [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: Elsita

Middle Name: 

* Last Name: Neri

Suffix:   

*Title: Contract and Grants Analyst

* Telephone Number: 530-754-8192

Fax Number: 

*Email: epneri@ucdavis.edu

* Signature of Authorized Representative: Elsita Neri   * Date Signed: 01/15/2015
# Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>1. Type of Submission</td>
<td>Preapplication, Application, Changed/Corrected Application</td>
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<tr>
<td>2. Type of Application</td>
<td>New, Continuation, Revision</td>
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<td>4. Applicant Identifier</td>
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<td>5b. Federal Award Identifier</td>
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<td>8. APPLICANT INFORMATION:</td>
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<tr>
<td>a. Legal Name</td>
<td>California Department of Parks and Recreation</td>
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<td>b. Employer/Taxpayer Identification Number (EIN/TIN)</td>
<td>68-0303606</td>
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<tr>
<td>c. Organizational DUNS</td>
<td>1720708070000</td>
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<tr>
<td>d. Address</td>
<td>P.O. Box 942896, Sacramento, CA: California, USA: UNITED STATES, Zip / Postal Code: 94296-0001</td>
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<tr>
<td>e. Organizational Unit</td>
<td>Parks and Recreation, Grants and Local Services</td>
</tr>
<tr>
<td>f. Name and contact information of person to be contacted on matters involving this application:</td>
<td>Ms. Cristelle Brickson, Title: Associate Park and Recreation Specialist, California Department of Parks and Recreation, Telephone Number: 916-654-8686, Email: <a href="mailto:Cristelle.Brickson@parks.ca.gov">Cristelle.Brickson@parks.ca.gov</a></td>
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**OMB Number: 4040-0004**  
**Expiration Date: 8/31/2016**
## Application for Federal Assistance SF-424

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<th><strong>9. Type of Applicant 1: Select Applicant Type:</strong></th>
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<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><strong>10. Name of Federal Agency:</strong></th>
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<td>National Park Service</td>
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<table>
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<th><strong>CFDA Title:</strong></th>
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<td>Outdoor Recreation Acquisition, Development and Planning</td>
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<th><strong>12. Funding Opportunity Number:</strong></th>
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<th><strong>Title:</strong></th>
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<tr>
<td>Land and Water Conservation Fund State and Local Assistance Program</td>
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<th><strong>13. Competition Identification Number:</strong></th>
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<tr>
<th><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></th>
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<tbody>
<tr>
<td>[ ] Add Attachment [ ] Delete Attachment [ ] View Attachment</td>
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<tr>
<td>G:\GIS Detail - Chino Hills State Park.hta</td>
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<tr>
<th><strong>15. Descriptive Title of Applicant's Project:</strong></th>
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<tbody>
<tr>
<td>Chino Hills State Park - Entrance Road and Facilities</td>
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<tr>
<td>Department of Parks and Recreation</td>
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<td>[ ] Add Attachment [ ] Delete Attachment [ ] View Attachment</td>
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<td>G:\GIS #1644317</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant 03
   * b. Program/Project 42

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

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

18. Estimated Funding ($):
   * a. Federal 334,709.00
   * b. Applicant 7,930,749.00
   * c. State 596,940.00
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 8,862,398.00

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 01/21/2015.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix: 
* First Name: Jean
Middle Name: 
* Last Name: Lacher
Suffix: 
* Title: Chief, Office of Grants and Local Services
* Telephone Number: 916-653-6160
Fax Number: 
* Email: Jean.Lacher@parks.ca.gov

* Signature of Authorized Representative: 
* Date Signed: 1-21-15
Application for Federal Assistance SF-424

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

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

3. Date Received:
   - Completed by Grant.gov upon submission

4. Applicant Identifier:
   - Leave blank

5a. Federal Entity Identifier:
   - Leave blank

5b. Federal Award Identifier:
   - Leave blank

6. Date Received by State:
   - Leave blank

7. State Application Identifier:
   - JAN 3 2015

8. APPLICANT INFORMATION:
   - a. Legal Name: Sacramento Municipal Utility District
   - b. Employer/Taxpayer Identification Number (EIN/TIN):
     - 91-6001157
   - c. Organizational DUNS:
     - 009235342
   - d. Address:
     - 6201 S Street
     - Sacramento
     - Sacramento
     - CA: California
   - e. Zip / Postal Code:
     - 95817
   - f. Organizational Unit:
     - Department Name: Energy Supply
     - Division Name: Energy Research & Development
   - g. Name and contact information of person to be contacted on matters involving this application:
     - Prefix: Mr.
     - First Name: Kathleen
     - Middle Name:
     - Last Name: Ave
     - Suffix:
     - Title: Project Manager
     - Organizational Affiliation: Leave blank
   - h. Telephone Number:
     - 916-732-5302
   - Fax Number:
     - 916-732-6423
   - Email: kathleen.aveds@smud.org
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>9. Type of Applicant 1: Select Applicant Type:</th>
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<th>10. Name of Federal Agency:</th>
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<td>Bureau of Reclamation</td>
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<th>CFDA Title:</th>
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<td>WaterSMART (Sustaining and Manage America’s Resources for Tomorrow)</td>
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<tr>
<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tbody>
<tr>
<td>The project is proposed to be located on the Bureau of Reclamation’s Folsom South Canal, at the SMUD Rancho Seco Pumping Plant. This plant is located in the rural community of Herald in the unincorporated area of Sacramento County.</td>
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<table>
<thead>
<tr>
<th>15. Descriptive Title of Applicant’s Project:</th>
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<tbody>
<tr>
<td>The Sacramento Solar Canal will utilize an innovative cable suspension system to install a photovoltaic system over the Folsom South Canal and offset SMUD’s Pumping Plant electrical load.</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-007
- *b. Program/Project:* CA-007

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

**17. Proposed Project:**
- *a. Start Date:* 09/01/2015
- *b. End Date:* 08/31/2017

**18. Estimated Funding:**
- *a. Federal:* 989,059.00
- *b. Applicant:* 213,720.00
- *c. State:* 0
- *d. Local:* 0
- *e. Other:* 857,960.00
- *f. Program Income:* 0
- *g. TOTAL:* 2,061,639.00

**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 01/23/2015
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

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

[** I AGREE**]

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

**Authorized Representative:**

Prefix: Mr.

First Name: Paul

Last Name: Lau

Title: Assistant General Manager, Power Supply

Telephone Number: 916-732-6252

Fax Number: 916-732-6252

Email: paul.lau@smud.org

**Signature of Authorized Representative:**

Completing by Grants.gov upon submission.

**Date Signed:**

Completed by Grants.gov upon submission.
Application for Federal Assistance SF-424

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

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

* 3. Data Received:
   - [ ] Preapplication
   - [ ] Application
   - [ ] Changed/Corrected Application

* 4. Applicant Identifier:
   - [ ] Preapplication
   - [ ] Application
   - [ ] Changed/Corrected Application

5a. Federal Entity Identifier:
   - [ ] leave blank

5b. State Use Only:
   - [ ] leave blank

6. Data Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:
   - a. Legal Name:
     - Sacrament Municipal Utility District

   - b. Employer/Taxpayer Identification Number (EIN/TIN):
     - 04-6001157

   - c. Organizational DUNS:
     - 009235342

   d. Address:
      - Street 1:
        - 6201 S Street
      - Street 2:
      - City:
        - Sacramento
      - County:
        - Sacramento
      - State:
        - CA: California
      - Province:
      - Country:
        - USA: UNITED STATES
      - Zip / Postal Code:
        - 95817

   e. Organizational Unit:
      - Department Name:
        - Energy Supply
      - Division Name:
        - Energy Research & Development

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix:
        - Ms
      - First Name:
        - Kathleen
      - Middle Name:
      - Last Name:
        - Aye
      - Suffix:
      - Title:
        - Project Manager
      - Organizational Affiliation:
        - leave blank
      - Telephone Number:
        - 916-732-5302
      - Fax Number:
        - 916-732-6423
      - Email:
        - kathleen.aye@smud.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:
X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):
   Municipal Electric Utility

10. Name of Federal Agency:
   Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
   19.307

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

12. Funding Opportunity Number:
   R15AS00002

   Title:

13. Competition Identification Number:

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   The project is proposed to be located on the Bureau of Reclamation's Folsom South Canal, at the
   SMUD Rancho Seco Pumping Plant. This plant is located in the rural community of Herald in the
   unincorporated area of Sacramento County.

15. Descriptive Title of Applicant's Project:
   The Sacramento Solar Canal will utilize an innovative cable suspension system to install a
   photovoltaic system over the Folsom South Canal and offset SMUD's Pumping Plant electrical load.

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 CA-007  
   * b. Program/Project CA-007

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

17. Proposed Project:
   * a. Start Date: 09/01/2015  
   * b. End Date: 08/31/2017

18. Estimated Funding ($):
   * a. Federal 989,959.00
   * b. Applicant 213,720.00
   * c. State
   * d. Local
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   * f. Program Income
   * g. TOTAL 2,061,639.00

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   - [ ] 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 omissions 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: Paul
* Last Name: Lau
Suffix:  

*Title: Assistant General Manager, Power Supply

* Telephone Number: 916-732-6252  
* Email: paul.lau@smud.org

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

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2000)
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  ☑ Now  ☐ Continuation  ☐ Revision

*3. Date Received:  

4. Applicant Identifier:  
1171-1503

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:  Acuity Brands Lighting, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):  68-2633371

*c. Organizational DUNS:  78-326-2520

*d. Address:

*Street 1:  1400 Lester Rd

Street 2:  

*City:  Converse

County:  

*State:  GA

Province:  

*Country:  USA

*Zip / Postal Code:  30012

State Clearing House

RECEIVED
JAN 23 2015
STATE CLEARING HOUSE

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

Prefix:  Dr.  

*First Name:  Min-Hao

Middle Name:  Michael

*Last Name:  Lu

Suffix:  

Title:  Dir Innovation & Product Development

Organizational Affiliation:

Acuity Brands Lighting

*Telephone Number:  510-846-2760x6381  Fax Number:  510-846-2778

*Email:  mike.lu@acuitybrands.com
Application for Federal Assistance SF-424  

**9. Type of Applicant 1: Select Applicant Type:**  
Q. For-profit Org(Other Than 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:**  
81.086  
CFDA Title:  
Conservation Research and Development  

**12. Funding Opportunity Number:**  
DE-FOA-0001171  

*Title:  
Solid-State Lighting Advanced Technology R&D 2015*  

**13. Competition Identification Number:**  

*Title:*  

**14. Areas Affected by Project (Cities, Counties, States, etc.):**  
Berkeley, CA - location where main R&D activities will be carried out  

**15. Descriptive Title of Applicant's Project:**  
OLED Luminaire with Panel Integrated Drivers and Advanced Controls
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: GA-4
   *b. Program/Project: CA-13

17. Proposed Project:
   *a. Start Date: 10/1/2015
   *b. End Date: 9/30/2016

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

   455,131
   151,710
   0
   0
   0
   606,842

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 12/23/2015
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E. O. 12372

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
    ☑ Yes ☐ 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: Dr. *First Name: Min-Hao
Middle Name: Michael
*Last Name: Lu
Suffix: 

*Title: Director, Innovation & Product Development

*Telephone Number: 510-845-2780 ext 6381 Fax Number: 510-845-2776

*Email: mike.lu@acuitybrands.com

*Signature of Authorized Representative: [Signature]

*Date Signed: 1/23/2015

Authorized for Local Reproduction

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

Version 02

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

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

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

4. Applicant Identifier:
   - [RECEIVED]
   - JAN 20 2015
   - STATE CLEARING HOUSE

5. Federal Entity Identifier:

6. Federal Award Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Upper San Gabriel Valley Municipal Water District

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

   c. Organizational DUNS:

   052082591

   031083656

   d. Address:

   - Street: 602 Huntington Drive, Suite B
   - City: Monrovia
   - State: CA: California
   - County: 
   - Zip / Postal Code: 91016
   - Country: USA: UNITED STATES

   e. Organizational Unit:

   - Department Name: Water Conservation
   - Division Name: Water Use Efficiency

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

   - Prefix: 
   - First Name: Elena
   - Middle Name: 
   - Last Name: Loyungan
   - Suffix: 

   - Title: Conservation Coordinator

   - Organization: 

   - Telephone Number: (626) 443-2297
   - Fax Number: 

   - Email: elena@usgvmwd.org
Application for Federal Assistance SF-424

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:
Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
13.830

CFDA Title:
Water Conservation Field Services Program (RCFSP)

* 12. Funding Opportunity Number:
G15AP00017

* Title:
Water Conservation Field Services Program – SCAG

13. Competition Identification Number:

Title:

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

Hacienda, Monrovia, Duarte, Azusa, Glendora, Covina, West Covina, Valinda, La Puente, City of Industry, Bassett, Hacienda Heights, South El Monte, El Monte, Baldwin Park, Irwindale, Arcadia, Temple City, San Gabriel, South Pasadena and Rosemead.

* 15. Descriptive Title of Applicant's Project:
Upper District's Target Landscape Survey and Retrofit Program.

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

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

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

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 03/23/2015.
   b. Program is subject to F.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by F.O. 12372.

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

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

Authorized Representative:
Prefix: Mr.
Middle Name: 
Last Name: Chapman
SUFFIX: 
Title: General Manager
Telephone Number: (626) 443-2297
Fax Number: 
Email: 
Signature of Authorized Representative: 
Date Signed: 12/15

Authorized for Local Reproduction

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

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

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

**3. Date Received:** 10/14/2010

**4. Applicant Identifier:**

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<th>5b. Federal Award Identifier:</th>
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</thead>
<tbody>
<tr>
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<td>06-01712.1</td>
</tr>
</tbody>
</table>

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**a. Legal Name:** California - Department of Parks and Recreation

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 68-0303606

**c. Organizational DUNS:** 1720708070000

**d. Address:**

<table>
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<tr>
<th>Street1: F.O. Box 942896</th>
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<td>Street2:</td>
</tr>
<tr>
<td>* City: Sacramento</td>
</tr>
<tr>
<td>* County/Parish:</td>
</tr>
<tr>
<td>* State: CA: California</td>
</tr>
<tr>
<td>* Province:</td>
</tr>
<tr>
<td>* Country: USA: UNITED STATES</td>
</tr>
<tr>
<td>* Zip / Postal Code: 942896-0001</td>
</tr>
</tbody>
</table>

**e. Organizational Unit:**

| Department Name: California Department of Parks |
| Division Name: Office of Grants & Local Svcs |

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

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Cristelle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: Brickson</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

**Title:** Project Officer

**Organizational Affiliation:**

**Telephone Number:** 916-654-8686

**Fax Number:**

**Email:** Cristelle.Brickson@parks.ca.gov
**Application for Federal Assistance SF-424**

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

- State Government

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

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

**Other (specify):**

**10. Name of Federal Agency:**

US Department of Interior, National Park Service

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

15-916

**CFDA Title:**

Outdoor Recreation Acquisition, Development and Planning

**12. Funding Opportunity Number:**

06-01712.1

**Title:**

Bluff Trail Accessibility Improvements - Montaña de Oro State Park  
Pecho Valley Road  
Los Osos, CA 93402

**13. Competition Identification Number:**

**Title:**

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

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

Bluff Trail Accessibility Improvements - Montaña de Oro State Park, ID#246104  
Pecho Valley Road  
Los Osos, CA 93402

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

16. Congressional Districts Of:
   * a. Applicant 03
   * b. Program/Project 23
   [Attach an additional list of Program/Project Congressional Districts if needed.]

17. Proposed Project:
   * a. Start Date: 09/09/2011
   * b. End Date: 06/30/2015

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/26/2015.
   [ ] 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
   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: Jean

Middle Name:

* Last Name: Lacher

Suffix:

* Title: Chief, Office of Grants and Local Services

* Telephone Number: 916-651-8597

Fax Number:

* Email: Jean.Lacher@parks.ca.gov

* Signature of Authorized Representative: [Signature]

* Date Signed: 1-26-15
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):
- C: Increase Duration 
- Revision

* 3. Date Received: 10/14/2010

4. Applicant Identifier: 

5a. Federal Entity Identifier: 

5b. Federal Award Identifier: 06-01711.1

State Use Only:

6. Date Received by State: 

7. State Application Identifier: 

8. APPLICANT INFORMATION:

* a. Legal Name: California - Department of Parks and Recreation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606

* c. Organizational DUNS: 172848070000

d. Address:

- Street1: P.O. Box 942896

- City: Sacramento

- State: CA: California

- Zip / Postal Code: 94296-0001

e. Organizational Unit:

- Department Name: California Department of Parks

- Division Name: Office of Grants & Local Svcs

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

Prefix: 

First Name: Cristelle

Middle Name: 

Last Name: Erickson

Suffix: 

Title: Project Officer

Organizational Affiliation: 

Telephone Number: 916-654-8686 

Fax Number: 

Email: Cristelle.Erickson@parks.ca.gov
**Application for Federal Assistance SF-424**

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

A: State Government

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

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

* Other (specify):

**10. Name of Federal Agency:**

US Department of Interior, National Park Service

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

15-916

CFDA Title:
Outdoor Recreation Acquisition, Development and Planning

**12. Funding Opportunity Number:**

06-01711.1

*Title:
Loop Nature Trail Improvements - Caswell Memorial State Park
2800 South Austin Rd
Ripon, CA 95366

**13. Competition Identification Number:**

Title:

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

GNIS Detail - Caswell Memorial State Park.h

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

Loop Nature Trail Improvements - Caswell Memorial State Park, ID #220715
2800 South Austin Rd
Ripon, CA 95366

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

16. Congressional Districts Of:
   "a. Applicant" 03  "b. Program/Project" 11

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

17. Proposed Project:
   "a. Start Date" 09/09/2011  "b. End Date" 06/30/2015

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 01/26/2015.
   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.)
   X 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)
   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: Jean
   Middle Name:
   * Last Name: Lacher
   Suffix:

   * Title: Chief, Office of Grants and Local Services
   * Telephone Number: 916-651-8597  Fax Number:
   * Email: jean.lacher@park.ca.gov

   * Signature of Authorized Representative:
   * Date Signed: 1-26-15
# 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>
<th><strong>4. Applicant Identifier:</strong></th>
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<td></td>
<td>C: Increase Duration</td>
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*If Revision, select appropriate letter(s):*

*Other (Specify):*

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<th><strong>5a. Federal Entity Identifier:</strong></th>
<th><strong>5b. Federal Award Identifier:</strong></th>
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<td>06-01710.1</td>
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**State Use Only:**

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<th><strong>6. Date Received by State:</strong></th>
<th><strong>7. State Application Identifier:</strong></th>
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**APPLICANT INFORMATION:**

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<th><strong>b. Employer/Taxpayer Identification Number (EIN/TIN):</strong></th>
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<td>California - Department of Parks and Recreation</td>
<td>68-0303606</td>
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<th><strong>c. Organizational DUNS:</strong></th>
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<tbody>
<tr>
<td>1720708070000</td>
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**d. Address:**

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<tr>
<th><strong>Street1:</strong></th>
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<tr>
<td>P.O. Box 942896</td>
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</table>

<table>
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<th><strong>City:</strong></th>
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<th><strong>State:</strong></th>
<th><strong>Province:</strong></th>
<th><strong>Country:</strong></th>
<th><strong>Zip / Postal Code:</strong></th>
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<td>USA: UNITED STATES</td>
<td>94296-0001</td>
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**e. Organizational Unit:**

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<tr>
<th><strong>Department Name:</strong></th>
<th><strong>Division Name:</strong></th>
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</thead>
<tbody>
<tr>
<td>California Department of Parks</td>
<td>Office of Grants &amp; Local Svcs</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Prefix:</strong></th>
<th><strong>First Name:</strong></th>
<th><strong>Middle Name:</strong></th>
<th><strong>Last Name:</strong></th>
<th><strong>Suffix:</strong></th>
<th><strong>Title:</strong></th>
<th><strong>Organizational Affiliation:</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Cristelle</td>
<td></td>
<td>Brickson</td>
<td></td>
<td>Project Officer</td>
<td></td>
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<table>
<thead>
<tr>
<th><strong>Telephone Number:</strong></th>
<th><strong>Fax Number:</strong></th>
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<tr>
<td>916-654-8686</td>
<td></td>
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</table>

*Email: Cristelle.Erickson@parks.ca.gov*
<table>
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| **9. Type of Applicant:** Select Applicant Type:
| A: State Government |
| Type of Applicant 2: Select Applicant Type: |
| Type of Applicant 3: Select Applicant Type: |
| * Other (specify): |
| **10. Name of Federal Agency:** |
| US Department of Interior, National Park Service |
| **11. Catalog of Federal Domestic Assistance Number:** |
| 15-916 |
| CFDA Title: |
| Outdoor Recreation Acquisition, Development and Planning |
| **12. Funding Opportunity Number:** |
| 06-01710.1 |
| * Title: |
| Ironwood Trail Accessibility Improvements - Salton Sea SRA |
| 100-225 State Park Road |
| North Shore, CA 92254 |
| **13. Competition Identification Number:** |
| Title: |
| |
| **14. Areas Affected by Project (Cities, Counties, States, etc.):** |
| ONIS Detail - Salton Sea State Recreation A |
| **15. Descriptive Title of Applicant's Project:** |
| Ironwood Trail Accessibility Improvements - Salton Sea SRA, ID 1868118 |
| 100-225 State Park Road |
| North Shore, CA 92254 |
| Attach supporting documents as specified in agency instructions. |
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant: 03
   * b. Program/Project: 51

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

17. Proposed Project:
   * a. Start Date: 09/09/2011
   * b. End Date: 06/30/2015

18. Estimated Funding ($):

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - a. This application was made available to the State under the Executive Order 12372 Process for review on 01/26/2015
   - 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

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: Jean
Middle Name: 
* Last Name: Lacher
Suffix: 

* Title: Chief, Office of Grants and Local Services

* Telephone Number: 916-651-8597
Fax Number: 

* Email: jean.lacher@parks.ca.gov

* Signature of Authorized Representative: Jean A. Lacher
* Date Signed: 1-30-15
Page 1 of 1

Application for Federal Assistance SF-424

* 1. Type of Submission: [ ] Preapplication [ ] New [ ] Application [ ] Continuation [ ] Changed/Corrected Application [ ] Revision

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

* If Revision, select appropriate letter(s):

C: Increase Duration

* 3. Date Received: 07/13/2011

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: D6-01709.1

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California - Department of Parks and Recreation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0353606

* c. Organizational DUNS: 172070870000

d. Address:

* Street1: P.O. Box 942896

Street2:

City: Sacramento

County/Parish:

State: CA: California

Province:

Country:

USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: California Department of Parks

Division Name: Office of Grants & Local Svcs

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

Prefix: [ ]

* First Name: Cristelle

Middle Name: [ ]

* Last Name: Erickson

Suffix: [ ]

Title: Project Officer

Organizational Affiliation:

* Telephone Number: 916-654-0696

Fax Number: [ ]

* Email: Cristelle.Erickson@parks.ca.gov
Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*10. Name of Federal Agency:

US Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15-916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*12. Funding Opportunity Number:

06-01709.1

* Title:

South Creek Trail Improvements - Samuel P Taylor State Park
8889 Sir Francis Drake Blvd
Lagunitas, CA 94938

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

South Creek Trail Improvements - Samuel P Taylor State Park, ID# 232358
8889 Sir Francis Drake Blvd
Lagunitas, CA 94938

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

16. Congressional Districts Of:
   * a. Applicant 03
   * b. Program/Project 06

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

17. Proposed Project:
   * a. Start Date: 09/09/2011
   * b. End Date: 06/30/2015

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ✗ a. This application was made available to the State under the Executive Order 12372 Process for review on 01/26/2015.
   □ 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
    If "Yes", provide explanation and attach

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

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

Authorized Representative:
Prefix:  
Middle Name:  
* Last Name: Lacher
Suff:  
* Title: Chief, Office of Grants and Local Services
* Telephone Number: 916-651-8597
Fax Number:  
* Email: jean.lacher@parks.ca.gov

* Signature of Authorized Representative:  
* Date Signed: 1-26-15
Application for Federal Assistance SF-424

1. Type of Submission:
   - Application
   - Change/Correction Application

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

3. Date Received:

4. Applicant Identifier:
   - Federal Entity Identifier:
   - State, Federal Award Identifier:

5. Address:
   - Street 1: 241 First Street
   - City: Smith River
   - County/Parish: CA
   - State: CA
   - Province: USA: United States
   - Zip/Postal Code: 95667

6. Applicant Information:
   - Legal Name: Smith River Community Service District
   - Employer/Taxpayer Identification Number (EIN/TIN):
   - Organizational DUNS:

7. Telephone Number: (707) 487-5361
   - Fax Number:
   - Email: gwmwilliamson@srwater.net
Application for Federal Assistance SF-424

6. Type of Applicant 1 - Select Applicant Type:
   Special District
   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
   CFDA Title:
   Water and Waste Disposal Loan & Grant Program

12. Funding Opportunity Number:

* Title:
   Water and Waste Disposal Loan & Grant Program

13. Competition Identification Number:
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Smith River, Del Norte County CA

* 14. Descriptive Title of Applicant's Project:
    Fred Haight Drive Water Mainline Relocation

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

b. Program/Project

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

17. Proposed Project:

a. Start Date: 06-01-2015
b. End Date: 08-01-2015

18. Estimated Funding ($):

a. Federal
b. Applicant
c. State
d. Local$250,000.00
e. Other
f. Program Income

g. TOTAL $602,012.00

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 01-27-2015.

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

☐ c. Program is not covered by E.O. 12372.

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

☐ Yes ☐ 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 31, Section 1601)

☐ ** I AGREE

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

Authorized Representative:

Prefix:   *
First Name: Myron
Middle Name:          
Last Name: Williamson
Suffix:          

Title: General Manager

Telephone Number: (707) 467-5361
Fax Number:          

Email: gmwilliamson@srwater.net

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

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

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

**3. Date Received:**

**4. Application 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:** City of Redlands

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-6000766

**c. Organizational DUNS:** 074712205

**d. Address:**
- **Street:** 35 Cajon Street, Suite 222
- **City:** Redlands
- **State:** California
- **Country:** United States
- **Zip/Postal Code:** 92373

**e. Organizational Unit:**
- **Department Name:** Quality of Life
- **Division Name:** Airport Division

**f. Name and contact information of person to be contacted on matters involving this application:**
- **Prefix:** Mr.
- **First Name:** Benjamin
- **Middle Name:** James
- **Last Name:** Matlock
- **Suffix:**
- **Title:** Senior Administrative Analyst

**Organizational Affiliation:**
- Airport Grant Administrator

**Telephone Number:** (909) 798-7655

**Fax Number:**

**Email:** bmatlock@cityofredlands.org
<table>
<thead>
<tr>
<th><strong>Application for Federal Assistance SF-424</strong></th>
</tr>
</thead>
</table>

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

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

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

* Other (specify):

**10. Name of Federal Agency:**
- Federal Aviation Administration

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

**CFDA Title:**
- Airport Improvement Program

**12. Funding Opportunity Number:**
- 3-06-0195-013-2015

**Title:**
- Design and Engineering of Redlands Municipal Airfield Signage and Lighting

**13. Competition Identification Number:**

**Title:**
- N/A

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

**15. Descriptive Title of Applicant's Project:**
- Environmental services, design and engineering of Redlands Municipal Airfield Signage and Lighting. It will provide information necessary for the implementation of the Redlands Airfield Lighting and Sign Plan.

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

16. Congressional Districts Of:

*a. Applicant: CA-031

*b. Program/Project: CA-031

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

17. Proposed Project:

*a. Start Date: 11/01/2014

*b. End Date: 06/30/2015

18. Estimated Funding ($):

*a. Federal

150,000.00

*b. Applicant

16,667.00

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

166,667.00

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 01/29/2014
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372

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

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

☐ ** I AGREE

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

Authorized Representative:

Prefix: Mr.

First Name: Christopher

Middle Name:

Last Name: Boatman

Suffix:

Title: Senior Project Manager

Telephone Number: (909) 798-7655

Fax Number:

Email: cboatman@cityofredlands.org

Signature of Authorized Representative:

Date Signed: 1/28/15