Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse March 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:
   - [ ] Received by Grant.gov upon submission.

* 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: Sonoma County Water Agency

   * b. Employer/Taxpayer Identification Number (EIN/TIN):
     946000539

   * c. Organizational DUNS:
     074662503

   d. Address:
      - Street: 404 Aviation Boulevard
      - City: Santa Rosa
      - County:
      - State: CA: California
      - Province:
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 95403-9073

   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: Lynne
      - Middle Name:
      - Last Name: Rosselli
      - Suffix:
      - Title:
      - Organizational Affiliation:
      - * Telephone Number: 707-524-9771
      - Fax Number: 707-524-3787
      - * Email: Lynne.Rosselli@acwe.ca.gov
Application for Federal Assistance SF-424

9. 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:
   - 15.504

   CFDA Title:
   - Title XVI Water Reclamation and Rouse Program

* 12. Funding Opportunity Number:
   - 815A000015

   * Title:
   - WaterSMART: Development of Feasibility Studies under the Title XVI Water Reclamation and Rouse Program for Fiscal Year 2015

13. Competition Identification Number:

   Title:

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

15. Descriptive Title of Applicant's Project:

   North Bay Water Rouse Program: Phase 2 Feasibility Study

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

16. Congressional Districts Of:
   * a. Applicant [CA-002]
   * b. Project/Program [CA-002]

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant 1,236,315.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 1,236,315.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [ ] This application was made available to the State under the Executive Order 12372 Process for review on 03/02/2015.
   - [ ] Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] 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, fraudulent, 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: Grant
Middle Name: 
Last Name: Davis
Suffix: 
Title: General Manager

Telephone Number: 707-547-1911 Fax Number: 707-524-3787
Email: grant.davis@soca.ca.gov

Signature of Authorized Representative: [Signature]
Date Signed: 03/02/2015

Authorized for Local Reproduction

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

**Version 02**

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Preapplication</td>
<td>New</td>
<td>03/20/2015</td>
</tr>
<tr>
<td>X Application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed/Corrected Application</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:** Town of Apple Valley, Ch
- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 1234567890
- **c. Organizational DUNS:** 9876543210

**d. Address:**

- **Street1:** 14955 Dale Evans Parkway
- **City:** Apple Valley
- **County:** San Bernardino
- **State:** CA: California
- **Province:**
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 92207-1001

**e. Organizational Unit:**

- **Department Name:** Planning
- **Division Name:**

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

- **Prefix:** Mr.
- **First Name:** Dennis
- **Middle Name:**
- **Last Name:** Cron
- **Suffix:**

**Title:** Assistant Town Manager

**Organizational Affiliation:**

**Assistant Town Manager:**

- **Telephone Number:** (760) 240-7000 ext. 7520
- **Fax Number:**

**Email:** Cron@applevalley.org
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   Bureau of Reclamation

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

* 12. Funding Opportunity Number:
    R15A002015
    * Title:
    WaterSMART: Development of Feasibility Studies under the Title XVI Water Reclamation and Reuse Program for Fiscal Year 2015

13. Competition Identification Number:
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Town of Apple Valley, San Bernardino County, CA

* 15. Descriptive Title of Applicant's Project:
    Apple Valley Water Reclamation Pipelines Feasibility Study

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

16. Congressional Districts Of:
   a. Applicant: CA-006
   b. Program/Project: CA-018

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

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

18. Estimated Funding ($):
   a. Federal
       73,500.00
   b. Applicant
       74,467.00
   c. State
       0.00
   d. Local
       0.00
   e. Other
       0.00
   f. Program Income
       0.00
   g. TOTAL
       148,067.00

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 03/03/2015.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix: Mr.
* First Name: Dennis
Middle Name:
* Last Name: Cim
Suffix:
* Title: Assistant Town Manager

* Telephone Number: (760) 246-7000 ext. 7520
Fax Number:
* Email: OCroman@applesvalley.org

* Signature of Authorized Representative: Jennifer Helm  * Date Signed: 03/03/2015

Authorized for Local Reproduction

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

*1. Type of Submission*
- ☑ Application
- ☐ Changed/Corrected Application
- ☐ Preapplication
- ☐ New
- ☐ Continuation

*2. Type of Application*
- ☑ Revision

*If Revision, select appropriate letter(s):*
- *Other (Specify)*

**RECEIVED**
MAR 03 2015
STATE CLEARING HOUSE

3. Date Received: **MAR 03 2015**

4. Application Identifier: Southern California Regional Rail Authority

5. Federal Entity Identifier: 5802

5b. Federal Award Identifier: FTA Section 5337

State Use Only:
6. Date Received by State: 

7. State Application Identifier: 

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Regional Rail Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663

* c. Organizational DUNS: 8361404750000

d. Address:

- **Street 1:** One Gateway Plaza, 12th Floor
- **City:** Los Angeles
- **State:** California
- **Country:** USA

- *Zip/ Postal Code: 90012*

e. Organizational Unit:

- **Department Name:** Grants & Planning
- **Division Name:** Planning & Development

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

- **Prefix:**
- **Middle Name:**
- **Last Name:** Sakoda
- **Suffix:**

- **Title:** Planning Manager

- **Telephone Number:** (213) 452-0284
- **Fax Number:** (213) 452-0422

- **Email:** sakodak@scrra.net
Application for Federal Assistance SF-424

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

*a. Applicant
Southern California Regional Rail
*b. Program/Project:
Annual Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 6/1/2015
*b. End Date: 11/30/2017

18. Estimated Funding ($):

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

$3,638,406.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
☑ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

☐ Yes  ☑ No

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: Sam
Middle Name: 
*Last Name: Jourblat

Suffix:
>Title: Interim Chief Executive Officer

*Telephone Number: (213) 452-0285
Fax Number: (213) 452-0422
*Email: jourblats@scrra.net

*Signature of Authorized Representative: 
Date Signed: 2/7/15
**Application for Federal Assistance SF-424**

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

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

*If Revision, select appropriate letter(s):*
- BC: Decrease Award, Increase Duration
- *Other (Specify):*

*3. Date Received:*

*4. Applicant Identifier:*

*5a. Federal Entity Identifier:*

*5b. Federal Award Identifier:*

06-01571.5

*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):*

68-0303506

*c. Organizational DUNS:*

1720708070000

*d. Address:*

Street1: P.O. Box 942996
Street2:
City: Sacramento
County/Parish:
State: CA: California
Province:
Country: USA: UNITED STATES
Zip / Postal Code: 94296-0001

*e. Organizational Unit:*

Department Name: Parks and Recreation
Division Name: Grants and Local Services

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

Prefix: Ms.
First Name: Cristelle
Middle Name:
Last Name: Erickson
Suffix:
Title: Associate Park and Recreation Specialist

Organizational Affiliation:
California Department of Parks and Recreation

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:
   National Park Service

11. Catalog of Federal Domestic Assistance Number:
   15.916

   CFDA Title:
   Outdoor Recreation Acquisition, Development and Planning

* 12. Funding Opportunity Number:
   P14AS00001

* Title:
   Land and Water Conservation Fund State and Local Assistance Program

13. Competition Identification Number:

   Title:

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

   GNIS Detail - Chino Hills State Park.htm

* 15. Descriptive Title of Applicant's Project:
   Chino Hills State Park - Entrance Road and Facilities
   Department of Parks and Recreation
   GNIS 8194317

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 -3,809,735.00
   * b. Applicant 0.00
   * c. State +3,809,735.00
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 0.00

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 03/04/2015.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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: Jean A. Lacher

* Date Signed: 3-4-15
**Application for Federal Assistance SF-424**

**Version 02**

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

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

3. **Date Received:** 03/04/2015

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:**

6. **APPLICANT INFORMATION:**

   a. **Legal Name:** STATE OF CALIFORNIA

   b. **Employer/Taxpayer Identification Number (EIN/TIN):** 94-1697567

   c. **Organizational DUNS:** 203223560000

   d. **Address:**
      - **Street:** 1416 5TH STREET
      - **Street2:** SUITE 1211
      - **City:** SACRAMENTO
      - **County:**
      - **State:** CA: California
      - **Province:**
      - **Country:** USA: UNITED STATES
      - **Zip / Postal Code:** 95814-5615

   e. **Organizational Unit:**
      - **Department Name:**
      - **Division Name:** Grant Management Branch

   f. **Name and contact information of person to be contacted on matters involving this application:**
      - **Prefix:** Me.
      - **First Name:** Melissa
      - **Middle Name:**
      - **Last Name:** Jones
      - **Suffix:**
      - **Title:** Grant Administrator
      - **Organizational Affiliation:**

   * **Telephone Number:** 916-327-0062
   * **Fax Number:**
   * **Email:** Melissa.Jones@wildlife.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:**

Fish and Wildlife Service

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

15.611

**CFDA Title:**

Wildlife Restoration and Basic Hunter Education

**12. Funding Opportunity Number:**

F15AS000091

* Title:

R8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**


* Title:


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

Lassen (1), Modoc (1), Siskiyou (1), Shasta (1), Tehama (1), Humboldt (2), Del Norte (2), Mendocino (2), and Trinity (2)

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

WILDLIFE INVENTORIES AND RESEARCH: NORTHERN REGION SPECIES CONSERVATION (NON-GAME)

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

16. Congressional Districts Of:
   * a. Applicant: CA-505
   * b. Program/Project: CA-163

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal
   * 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 06/03/2015.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   - Yes
   - 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 216, Section 1001)
   - ** I AGREE

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

Authorized Representative:

Prefix:  * First Name: Lisa
Middle Name: 
* Last Name: Bays
Suffix: 
* Title: 

* Telephone Number: (916) 445-3701
Fax Number:
* Email: Lisa.Bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays
* Date Signed: 06/03/2015

Authorized for Local Reproduction

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

Version 02

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

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

* 3. Date Received:  
  - 03/04/2015

6a. Federal Entity Identifier:  

7. State Application Identifier:  
  - 01598648

State Use Only:

8. Date Received by State:  

8. APPLICANT INFORMATION:

  * a. Legal Name:  
    - STATE OF CALIFORNIA

  * b. Employer/Taxpayer Identification Number (EIN/TIN):  
    - 94-1697357

  * c. Organizational DUNS:  
    - 8083223680000

  d. Address:  
    - Street: 1416 9TH STREET
    - Street2: SUITE 1211
    - City: SACRAMENTO
    - County:  
    - State: CA; California
    - Province:  
    - Country: USA; UNITED STATES
    - Zip / Postal Code: 95814-5515

  e. Organizational Unit:  
    - Department Name:  
    - Division Name: Grants Management Branch

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

  - Prefix:  
  - First Name: Melissa
  - Middle Name:  
  - Last Name: Jones
  - Suffix:  

  - Title: Grant Administrator

  - Organizational Affiliation:  

  - *Telephone Number: 916-327-0062
  - Fax Number:  

  - *Email: Melissa.Jones@wildlife.ca.gov
**Application for Federal Assistance SF-424**

**Version 02**

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:
   - Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

   - 15.611

   CFDA Title:
   - Wildlife Restoration and Basic Hunter Education

12. Funding Opportunity Number:

   - P15AS000091

   *Title:
   - R8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

   Title:

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

   - Lassen (1), Modoc (1), Siskiyou (1), Shasta (1), Tehama (1), Humboldt (2), Del Norte (2), Mendocino (2), and Trinity (2)

15. Descriptive Title of Applicant’s Project:

   - WILDLIFE INVENTORY AND RESEARCH: NORTHERN REGION SPECIES CONSERVATION (NON-GAME)

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

16. Congressional Districts Of:
   *a. Applicant: CA-066
   *b. Program/Project: CA-182

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

17. Proposed Project:
   *a. Start Date: 07/01/2015
   *b. End Date: 06/30/2016

18. Estimated Funding ($):
   *a. Federal 147,166.00
   *b. Applicant 0.00
   *c. State 49,055.00
   *d. Local 0.00
   *e. Other 0.00
   *f. Program Income 0.00
   *g. TOTAL 196,221.00

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 03/03/2015.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

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

    ☐ 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: Lisa
Middle Name:       * Last Name: Bays
Suffix:            

*Title:  BBMT

*Telephone Number: (916)445-3701  Fax Number:

*Email: Lisa.Bays@wildlife.ca.gov

*Signature of Authorized Representative: Lisa Bays  * Date Signed: 03/02/2016

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

If Revision, as specified letter(s):

* 3. Date Received:  
   - 02/18/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

MARCH 4, 2015

6. Data Received by State:

7. State Application Identifier: 01498557

8. APPLICANT INFORMATION:

a. Legal Name: STATE OF CALIFORNIA

b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 54-1697657

c. Organizational DUNS:
   - 808323580000

d. Address:
   - Street: 1416 9TH STREET
   - Street: SUITE 1211
   - City: SACRAMENTO
   - County:
   - State: CA: California
   - Province:
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95814-5515

e. Organizational Unit:

   Department Name:  
   Division Name:

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

   Prefix: Ms.  
   First Name: Melissa

   Middle Name:  
   Last Name: Jones

   Suffix:  

   Title: Grant Administrator

Organizational Affiliation:

   * Telephone Number: (916) 327-0062
   Fax Number:  

   Email: Melissa.Jones@wildlife.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:
Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
15.611

CFDA Title:
Wildlife Restoration and Basic Hunter Education

*12. Funding Opportunity Number:
P15AS00691

*Title:
N8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.): Sonoma (2), Napa (5), San Mateo (14), Santa Clara (19), Santa Cruz (18), Alameda (15), and Marin (13)

*15. Descriptive Title of Applicant's Project:
Bay Delta Region Wildlife and Game Survey Project

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   * a. Applicant: CA-006
   * b. Program/Project: CA-all

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal: 127,351.00
   * b. Applicant: 0.00
   * c. State: 42,450.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 169,801.00

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

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

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

*Title: Assistant Chief, Grants Management Branch

*Telephone Number: (916) 445-2701  Fax Number:  
*Email: Lisa.Bays@wildlife.ca.gov

*Signature of Authorized Representative: Lisa Bays  * Date Signed: 12/12/2016
Application for Federal Assistance SF-424

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

*a. Applicant
Southern California Regional Rail

*b. Program/Project:
Annual Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 6/1/2015
*b. End Date: 11/30/2017

18. Estimated Funding ($):

*a. Federal

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

$3,638,406.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

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

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

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

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

☐ Yes

☑ No

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: Sam

Middle Name:

*Last Name: Journblat

Suffix:

*Title: Interim Chief Executive Officer

*Telephone Number: (213) 452-0285

Fax Number: (213) 452-0422

*Email: journblats@scrra.net

*Signature of Authorized Representative: [Signature]

Date Signed: 3/7/15
Application for Federal Assistance SF-424

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

* 2. Type of Application:  
   [ ] New  
   [ ] Continuation  
   [X] Revision  
   [ ] BC: Decrease Award, Increase Duration  
   [ ] * 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:  California Department of Parks and Recreation

   b. Employer/Taxpayer Identification Number (EIN/TIN):  68-0303506

   c. Organizational DUNS:  1720708070000

   d. Address:
      Street1:  P.O. Box 942896
      City:  Sacramento
      County/Parish:  
      State:  CA: California
      Province:  
      Country:  USA: UNITED STATES
      Zip / Postal Code:  94296-0001

   e. Organizational Unit:
      Department Name:  Parks and Recreation
      Division Name:  Grants and Local Services

   f. Name and contact information of person to be contacted on matters involving this application:
      Prefix:  Ms.
      * First Name:  Cristelle
      Middle Name:  
      * Last Name:  Erickson
      Suffix:  
      Title:  Associate Park and Recreation Specialist
      Organizational Affiliation:  California Department of Parks and Recreation
      * 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:

   National Park Service

11. Catalog of Federal Domestic Assistance Number:

   15.916

   CFDA Title:

   Outdoor Recreation Acquisition, Development and Planning

* 12. Funding Opportunity Number:

   P14AS00001

   * Title:

   Land and Water Conservation Fund State and Local Assistance Program

13. Competition Identification Number:

   Title:

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

   GNIS Detail - Chino Hills State Park.htm

* 15. Descriptive Title of Applicant's Project:

   Chino Hills State Park - Entrance Road and Facilities
   Department of Parks and Recreation
   GNIS 81944317

Attach supporting documents as specified in agency instructions.
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 -3,809,735.00
   * b. Applicant 0.00
   * c. State +3,809,735.00
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 0.00

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 03/04/2015.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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: Jean.Lacher
* Date Signed: 3-4-15
**Application for Federal Assistance SF-424**

**Version 02**

**1. Type of Submission:**
- Application

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

**3. Date Received:**
- 03/02/2015

**4. Applicant Identifier:**
- 612393048

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. APPLICANT INFORMATION:**

**a. Legal Name:**
- STATE OF CALIFORNIA

**b. Employer/Taxpayer Identification Number (EIN/TIN):**
- 94-1697567

**c. Organizational DUNS:**
- 1083235680000

**d. Address:**

| Street1: | 1416 5TH STREET |
| Street2: | SUITE 1211 |
| City: | SACRAMENTO |
| County: | |
| State: | CA: California |
| Province: | |
| Country: | USA: UNITED STATES |
| Zip / Postal Code: | 95814-5515 |

**e. Organizational Unit:**

| Department Name: | CDFW |
| Division Name: | Grants Management Branch |

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

| Prefix: | Ms. |
| First Name: | Melissa |
| Middle Name: | |
| Last Name: | Jones |
| Suffix: | |
| Title: | Grant Administrator |

**Telephone Number:**
- 916-327-0062

**Email:**
- Melissa.Jones@wildlife.ca.gov
**Application for Federal Assistance SF-424**

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

10. Name of Federal Agency:
    - Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    - 15.611

12. Funding Opportunity Number:
    - F15AS000091

13. Competition Identification Number:

14. Area Affected by Project (Cities, Counties, States, etc.):
    - Lassen (1), Modoc (1), Siskiyou (1), Shasta (1), Tehama (1), Humboldt (2), Del Norte (2), Mendocino (2), and Trinity (2)

15. Descriptive Title of Applicant's Project:
    - WILDLIFE INVENTORIES AND RESEARCH: NORTHERN REGION SPECIES CONSERVATION (NON-GAME)

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

Version 02

16. Congressional Districts Of:
   * a. Applicant: CA-505
   * b. Program/Project: CA-162

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):

<table>
<thead>
<tr>
<th>Federal</th>
<th>347,165.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>State</td>
<td>49,055.00</td>
</tr>
<tr>
<td>Local</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td>0.00</td>
</tr>
<tr>
<td>Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>196,121.00</td>
</tr>
</tbody>
</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - a. This application was made available to the State under the Executive Order 12372 Process for review on 05/03/2015.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)
   - ** I AGREE
   - ** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: 
* First Name: Lisa
Middle Name: 
* Last Name: Baye
Suffix: 

* Title: SENI

* Telephone Number: (916) 445-3701
Fax Number: 
* Email: Lisa.Baye@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Baye
* Date Signed: 03/03/2016

Authorized for Local Reproduction

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

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

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

3. Date Received:
   03/04/2015
4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier: 01598348

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1637367

   c. Organizational DUNS: 8083223580000

   d. Address:
      - Street: 1416 9TH STREET
      - Street: SUITE 211
      - City: SACRAMENTO
      - County: 
      - State: CA: California
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 95814-5515

   e. Organizational Unit:
      - Department Name: CDPW
      - Division Name: Grants Management Branch

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Ms.
      - First Name: Melissa
      - Middle Name: 
      - Last Name: Jones
      - Suffix: 
      - Title: Grant Administrator
      - Organizational Affiliation: 

   - Telephone Number: 916-327-0052
   - Fax Number: 
   - Email: Melissa.Jones@wildlife.ca.gov
**Application for Federal Assistance SF-424**

### 9. Type of Applicant 1: Select Applicant Type:
- A: State Government

### 10. Name of Federal Agency:
- Fish and Wildlife Service

### 11. Catalog of Federal Domestic Assistance Number:
- 15.611
  - CFDA Title:
  - Wildlife Restoration and Basic Hunter Education

### 12. Funding Opportunity Number:
- FL13S000091
  - Title:
  - R8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

### 13. Competition Identification Number:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):
- Lassen (1), Modoc (1), Siskiyou (1), Shasta (1), Tehama (1), Humboldt (2), Del Norte (2), Mendocino (2), and Trinity 92

### 15. Descriptive Title of Applicant's Project:
- WILDLIFE INVENTORYI AND RESEARCH: NORTHERN REGION SPECIES CONSERVATION (NON-GAME)
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant: CA-066
   * b. Program/Project: CA-162

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

17. Proposed Project:
   * a. Start Date: 07/01/2016
   * b. End Date: 06/30/2016

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 03/03/2015.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

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

   ** 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: Bays
Suffix: 
* Title: SJMT

* Telephone Number: (916)445-3701
Fax Number:
* Email: Lisa.Bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays * Date Signed: 03/30/2016

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
### 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, attach appropriate letter(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preapplication</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>Application</td>
<td>Continuation</td>
<td>* Other (Specify)</td>
</tr>
<tr>
<td>Changed/Corrected Application</td>
<td>Revision</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*3. Date Received:</th>
<th>4. Applicant Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/19/2015</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. Federal Entity Identifier:</th>
<th>5b. Federal Award Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>STATE CLEARING HOUSE</td>
</tr>
</tbody>
</table>

State Use Only:

<table>
<thead>
<tr>
<th>6. Date Received by State:</th>
<th>7. State Application Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D1498557</td>
</tr>
</tbody>
</table>

### B. APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th>*a. Legal Name:</th>
<th>STATE OF CALIFORNIA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>*c. Organizational DUNS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>#4-1697567</td>
<td>808323388000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Street:</td>
</tr>
<tr>
<td>Street2:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>County:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>Country:</td>
</tr>
<tr>
<td>Zip / Postal Code:</td>
</tr>
</tbody>
</table>

### e. Organizational Unit:

<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Division Name:</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Suffix:</th>
<th>Title:</th>
<th>Organizational Affiliation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grant Administrator</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* Telephone Number:</th>
<th>* Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(916) 327-0062</td>
<td><a href="mailto:Melissa.Jones@wildlife.ca.gov">Melissa.Jones@wildlife.ca.gov</a></td>
</tr>
</tbody>
</table>

| Fax Number: | |
|-------------| |

**RECEIVED**

MAR 04 2015
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
</tr>
<tr>
<td>A: State Government</td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
</tr>
<tr>
<td>* Other (specify):</td>
</tr>
<tr>
<td>10. Name of Federal Agency:</td>
</tr>
<tr>
<td>Fish and Wildlife Service</td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
</tr>
<tr>
<td>15.611</td>
</tr>
<tr>
<td>CFDA Title:</td>
</tr>
<tr>
<td>Wildlife Restoration and Basic Hunter Education</td>
</tr>
<tr>
<td>12. Funding Opportunity Number:</td>
</tr>
<tr>
<td>FG55S000691</td>
</tr>
<tr>
<td>*Title:</td>
</tr>
<tr>
<td>H8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies</td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
</tr>
<tr>
<td>Sonoma (2), Napa (5), San Mateo (14), Santa Clara (13), Santa Cruz (18), Alameda (15), and Marin (13)</td>
</tr>
<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
</tr>
<tr>
<td>Bay Delta Region Wildlife and Game Survey Project</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-006
   * b. Program/Project: CA-all

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>127,351.00</td>
</tr>
<tr>
<td>Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>State</td>
<td>42,450.00</td>
</tr>
<tr>
<td>Local</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td>0.00</td>
</tr>
<tr>
<td>Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>169,801.00</td>
</tr>
</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 02/19/2015.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

   ** 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: Lisa
- Middle Name: _____________________________
- Last Name: Bays
- Suffix: _____________________________

- Title: Assistant Chief, Grants Management Branch

- Telephone Number: (916) 445-3701  
  Fax Number: _____________________________

- Email: Lisa.Bays@wildlife.ca.gov

- Signature of Authorized Representative: Lisa Bays  
  * Date Signed: 02/03/2016
**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:**
   - Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**
   - 15.611

   **CFDA Title:**
   - Wildlife Restoration and Basic Hunter Education

* **12. Funding Opportunity Number:**
   - P15AB00091

* **Title:**
   - RH (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

   **Title:**

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

   STATEWIDE

* **15. Descriptive Title of Applicant's Project:**
   - WILDLIFE INVENTORY & RESEARCH: Comprehensive Wetlands Habitat Program

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   * a. Applicant: CA-006
   * b. Program/Project: CA-ALL

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

Add Attachment  Delete Attachment  View Attachment

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>$189,447.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>$0.00</td>
</tr>
<tr>
<td>c. State</td>
<td>$63,149.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>$0.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>$0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>$0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>$252,596.00</td>
</tr>
</tbody>
</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/23/2015.
   - [ ] 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", please explain.)
   - [ ] Yes
   - [ ] No
   [ ] Explanation

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

   [ ] 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: Lisa
Middle Name: 
* Last Name: Bays
Suffix: 

* Title: BSMI
* Telephone Number: (916) 445-3791
* Fax Number: 
* Email: Lisa.Bays@wildlife.ca.gov

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

Authorized for Local Reproduction

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

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

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

* 3. Date Received:
   02/27/2016

4. Applicant identifier:
   [Redacted]

5a. Federal Entity Identifier:
   [Redacted]

* 5b. Federal Award Identifier:
   [Redacted]

State Use Only:

6. Date Received by State:
   [Redacted]

7. State Application Identifier:
   01698010

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   94-1697567

* c. Organizational DUNS:
   [Redacted]

d. Address:
   - * Street: 1416 5TH STREET
   - Street2: SUITE 1211
   - City: SACRAMENTO
   - County: [Redacted]
   - State: CA: California
   - Province: [Redacted]
   - * Country: USA: UNITED STATES
   - Zip/Postal Code: 95814-5515

e. Organizational Unit:
   - Department Name: [Redacted]
   - Division Name: Grants Management Branch

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

Prefix: Ms.

* First Name: Melissa

Middle Name:

* Last Name: Jones

Suffix:

Title: Grant Administrator

Organizational Affiliation:

* Telephone Number: 916-327-0062

Fax Number:

* Email: Melissa.Jones@wildlife.ca.gov

Problematic entries:

[Redacted]
### Application for Federal Assistance SF-424

**Version 0.2**

**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:**
- Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**
- 15.611
- **CFDA Title:**
  - Wildlife Restoration and Basic Hunter Education

**12. Funding Opportunity Number:**
- F15AS00091
- **Title:**
  - 58 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**
- **Title:**
- **14. Areas Affected by Project (Cities, Counties, States, etc.):**
  - Lassen(1), Modoc(1), Siskiyou(1), Shasta(1), Tehama(1), Humboldt(2), Del Norte(2), Mendocino(2), Trinity(2)

**15. Descriptive Title of Applicant's Project:**
- Northern Region Wildlife Management & Resource Assessment: Game Species

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

**Version C2**

## 16. Congressional Districts Of:

- **a. Applicant**: CA-006
- **b. Program/Project**: CA-162

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

## 17. Proposed Project:

- **a. Start Date**: 07/01/2015
- **b. End Date**: 06/30/2016

## 18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*a. Federal</td>
<td>513,295.00</td>
</tr>
<tr>
<td>*b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>*c. State</td>
<td>171,098.00</td>
</tr>
<tr>
<td>*d. Local</td>
<td>0.00</td>
</tr>
<tr>
<td>*e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>*f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>g. TOTAL</strong></td>
<td>684,393.00</td>
</tr>
</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 02/27/2015.
- [ ] 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  
- [x] 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**:  
- **First Name**: Lisa  
- **Middle Name**:  
- **Last Name**: Baya  
- **Suffix**:  
- **Title**: RMSI  
- **Telephone Number**: (916) 445-3701  
- **Fax Number**:  
- **Email**: Lisa.Baya@wildlife.ca.gov  
- **Signature of Authorized Representative**: Baya  
- **Date Signed**: 02/27/2016
## Application for Federal Assistance SF-424

**Version 02**

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

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

### 3. Date Received:
- [ ] 03/02/2015

### 4. Applicant Identifier:
- [ ] MAR 03 2015

### 5a. Federal Entity Identifier:

### 5b. Federal Award Identifier:
- [ ] STATE CLEARING HOUSE

### 8. APPLICANT INFORMATION:

#### a. Legal Name:
- [ ] STATE OF CALIFORNIA

#### b. Employer/Taxpayer Identification Number (EIN/TIN):
- [ ] 94-1697567

#### c. Organizational DUNS:
- [ ] 808323380000

#### d. Address:
- [ ] 1416 9TH STREET
- [ ] SUITE 1211
- [ ] SACRAMENTO
- [ ] CA: California
- [ ] USA: UNITED STATES
- [ ] 95814-5515

#### e. Organizational Unit:
- [ ] Department Name: CDFW
- [ ] Division Name: Grants Management Branch

#### f. Name and Contact Information of Person to be Contacted on Matters Involving this Application:
- [ ] Prefix: Ms.
- [ ] First Name: Melissa
- [ ] Middle Name: 
- [ ] Last Name: Jones
- [ ] Suffix: 
- [ ] Title: Grant Administrator
- [ ] Organizational Affiliation: 

#### g. Contact Information:
- [ ] Telephone Number: 916-327-0062
- [ ] Fax Number: 
- [ ] Email: Melissa.jones@wildlife.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:
    Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    15.611

CFDA Title:
    Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:
    P15AS00091

* Title:
    N8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
    WILDLIFE HABITAT INVENTORIES AND RESEARCH: Elk and Antelope Program

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

16. Congressional Districts Of:
   * a. Applicant CA-006
   * b. Program/Project CA-ALL

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal 295,946.00
   * b. Applicant 0.00
   * c. State 58,649.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 394,595.00

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 03/02/2015.
   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: ___________________________ * First Name: Lisa
Middle Name: ___________________________
* Last Name: Baye
Suffix: ___________________________

* Title: BDN

* Telephone Number: (916) 445-3761 Fax Number: ___________________________
* Email: Lisa.Baye@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Baye * Date Signed: 03/02/2016

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006)
Prescribed by OMB Circular A-102
### APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: February 11, 2015
3. DATE RECEIVED BY STATE: 
4. DATE RECEIVED BY FEDERAL AGENCY: Federal Identifier 5830

#### 5. APPLICANT INFORMATION
- Legal Name: Andre Colaiace
- Street: 3448 Santa Anita Ave, 2nd Floor
- City: El Monte
- County: Los Angeles
- State: CA
- Zip Code: 91731
- Country: USA
- Phone Number (give area code): 213-327-6000
- Fax Number (give area code): 213-327-6055

#### 6. EMPLOYER IDENTIFICATION NUMBER (EIN):
- EIN: 05-44-711

#### 8. TYPE OF APPLICATION:
- New

#### 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
- Title (Name of Program): 

#### 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
- Los Angeles County

#### 14. CONGRESSIONAL DISTRICTS OF:
- 37-40, 43-49

#### 15. ESTIMATED FUNDING:
- a. Federal: $82,000,000
- b. Applicant: 
- c. State: 
- d. Local: $8,032,757
- e. Other: 
- f. Program Income: 
- g. TOTAL: $70,032,757

#### 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
- Yes 

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

#### Organizational Information:
- Legal Name: Andre Colaiace
- Street: 3448 Santa Anita Ave, 2nd Floor
- City: El Monte
- County: Los Angeles
- State: CA
- Country: USA
- Phone Number (give area code): 213-327-6000
- Fax Number (give area code): 213-327-6055
- EIN: 05-44-711

#### Federal Identifier:
- 5830

#### Application Details:
- Date Submitted: February 11, 2015
- Date Received: Mar 06, 2015

#### Funding Details:
- Federal Funding: $82,000,000
- Local Funding: $8,032,757
- Total Funding: $70,032,757

#### Authorization:
- Authorized Representative: Andre Colaiace
- Date Signed: 2/11/2015

---

Standard Form 424 (Rev.9-2003)
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

* If Revision, select appropriate letter(s):

* 3. Date Received: 03/02/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

8. Date Received by State: MAN V 9 2015

7. State Application Identifier: 01559002

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567

*c. Organizational DUNS: 8083223580000

d. Address:

* Street: 1416 9TH STREET

Street2: SUITE 1211

* City: SACRAMENTO

County: 

* State: CA: California

Province: 

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814-5515

e. Organizational Unit:

Department Name: CDPW

Division Name: Grants Management Branch

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

Prefix: Ms. * First Name: Melissa

Middle Name: 

* Last Name: Jones

Suffix: 

Title: Grant Administrator

Organizational Affiliation: 

* Telephone Number: 916-327-0062 Fax Number: 

* Email: Melissa Jones@wildlife.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:
    Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    15.611

OFDA Title:
    Wildlife Restoration and Basic Hunter Education

12. Funding Opportunity Number:
    P15AS00091

* Title:
    $8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
    WILDLIFE HABITAT INVENTORIES & RESEARCH: UPLAND GAME

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

16. Congressional Districts Of:
   * a. Applicant CA-306
   * b. Program/Project CA-All

17. Proposed Project:
   * a. Start Date: 07/01/2016
   * b. End Date: 06/30/2016

18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*a. Federal</td>
<td>693,574.00</td>
</tr>
<tr>
<td>*b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>*c. State</td>
<td>233,191.00</td>
</tr>
<tr>
<td>*d. Local</td>
<td>0.00</td>
</tr>
<tr>
<td>*e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>*f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>*g. TOTAL</td>
<td>924,765.00</td>
</tr>
</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 03/09/2015.
   - [ ] 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.)
   - [ ] Yes
   - [X] 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).
   - [X] I AGREE

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

Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Lisa</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Bays</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Title</th>
<th>ASMI</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>(916)445-3701</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th><a href="mailto:lisa.bays@wildlife.ca.gov">lisa.bays@wildlife.ca.gov</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Authorized Representative</th>
<th>Lisa Bays</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Date Signed</td>
<td>03/09/2016</td>
</tr>
</tbody>
</table>
# Application for Federal Assistance SF-424

**Version 02**

<table>
<thead>
<tr>
<th>1. Type of Submission</th>
<th>2. Type of Application</th>
<th>3. Date Received</th>
<th>4. Applicant Identifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preapplication</td>
<td>New</td>
<td>03/12/2019</td>
<td></td>
</tr>
<tr>
<td>Application</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed/Corrected Application</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revision</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Federal Entity Identifier</th>
<th>6. Date Received by State</th>
<th>7. State Application Identifier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>01580079</td>
</tr>
</tbody>
</table>

**State Use Only:**

<table>
<thead>
<tr>
<th>8. Date Application Identifier</th>
<th>9. State Clearing House</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>STATE CLEARING HOUSE</td>
</tr>
</tbody>
</table>

**APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>9a. Legal Name</th>
<th>9b. Employer/Taxpayer Identification Number (EIN/TIN)</th>
<th>9c. Organizational DUNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE OF CALIFORNIA</td>
<td>94-15975567</td>
<td>8083223580000</td>
</tr>
</tbody>
</table>

**Address:**

<table>
<thead>
<tr>
<th>Street:</th>
<th>City:</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1416 9TH STREET</td>
<td>SACRAMENTO</td>
<td></td>
</tr>
<tr>
<td>Suite 1211</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**State:**

<table>
<thead>
<tr>
<th>State:</th>
<th>Province:</th>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA: California</td>
<td></td>
<td>USA: UNITED STATES</td>
</tr>
</tbody>
</table>

**Zip / Postal Code:**

<table>
<thead>
<tr>
<th>*Zip / Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>95814-5515</td>
</tr>
</tbody>
</table>

**Organizational Unit:**

<table>
<thead>
<tr>
<th>Department Name</th>
<th>Division Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDFW</td>
<td>Grants Management Branch</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms.</td>
<td>Melissa</td>
<td></td>
<td>Jones</td>
<td></td>
</tr>
</tbody>
</table>

**Title:**

<table>
<thead>
<tr>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Administrator</td>
</tr>
</tbody>
</table>

**Organizational Affiliation:**

<table>
<thead>
<tr>
<th>Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Telephone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>916-327-0062</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:Melissa.Jones@wildlife.ca.gov">Melissa.Jones@wildlife.ca.gov</a></td>
</tr>
</tbody>
</table>
## Application for Federal Assistance SF-424

**Version 02**

### 9. Type of Applicant 1: Select Applicant Type:
- State Government

### 10. Name of Federal Agency:
- Fish and Wildlife Service

### 11. Catalog of Federal Domestic Assistance Number:
- 15.611

### 12. Funding Opportunity Number:
- F15AS00091

#### Title:
- RB (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

### 13. Competition Identification Number:

#### Title:

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

### 15. Descriptive Title of Applicant’s Project:
- Wildlife Habitat Inventories & Research: Biological Resource Assessments and Land Management Planning

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

**16. Congressional Districts Of:**
- **a.** Applicant: CA-006
- **b.** Program/Project: CA-ALL

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

**17. Proposed Project:**
- **a.** Start Date: 07/01/2015
- **b.** End Date: 06/30/2016

**18. Estimated Funding ($):**
- **a.** Federal: 506,220.00
- **b.** Applicant: 0.00
- **c.** State: 168,740.00
- **d.** Local: 0.00
- **e.** Other: 0.00
- **f.** Program Income: 0.00
- **g.** TOTAL: 674,960.00

**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 03/12/2015
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

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:** Lisa
- **Middle Name:**
- **Last Name:** Bays
- **Suffix:**

- **Title:** SSMD

- **Telephone Number:** (916) 445-3701
- **Fax Number:**

- **Email:** Lisa.Bays@wildlife.ca.gov

- **Signature of Authorized Representative:** Lisa Bays
- **Date Signed:** 09/12/2015

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102