Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse March 16 - 31, 2015. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.
Application for Federal Assistance SF-424

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

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

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

4. Applicant Identifier:

5. Federal Entity Identifier:

6. Federal Award Identifier:

State Use Only:

6a. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name:  

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

   c. Organizational DUNS:

   d. Address:

   - Street1:  
   - Street2:  
   - City:  
   - County/Parish:  
   - State:  
   - Province:  
   - Country:  
   - Zip / Postal Code:  

   e. Organizational Unit:

   - Department Name:  
   - Division Name:  

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

   - Prefix:  
   - * First Name:  
   - Middle Name:  
   - * Last Name:  
   - Suffix:  
   - Title:  

   - Organizational Affiliation:  

   - * Telephone Number:  
   - Fax Number:  
   - * Email:  

OMB Number: 4040-0004
Expiration Date: 8/31/2016
Application for Federal Assistance SF-424

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<th>Title:</th>
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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<th>* 15. Descriptive Title of Applicant's Project:</th>
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<tr>
<td>California 2015 HPF GRANT APPLICATION</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 ALL
* b. Program/Project ALL

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

17. Proposed Project:
* a. Start Date: 10/01/2014
* b. End Date: 09/30/2016

18. Estimated Funding ($):
* a. Federal 1,494,237.00
* b. Applicant 787,134.00
* c. State 114,808.00
* d. Local 94,216.00
* e. Other 0.00
* f. Program Income 0.00
* g. TOTAL 2,490,395.00

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 03/06/2015.
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

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

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

Authorized Representative:
Prefix: ___________________________ * First Name: CAROL
Middle Name: ___________________________
* Last Name: ROLAND-NAWI
Suffix: ___________________________
* Title: STATE HISTORIC PRESERVATION OFFICER
* Telephone Number: (916) 445-7050 Fax Number: ___________________________
* Email: Carol.Roland-Nawi@parks.ca.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.
APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
   March 17, 2015

3. DATE RECEIVED BY STATE
4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Department of Public Works
Address (give city, county, State, and zip code):
900 S. Fremont Avenue
Alhambra, CA 91803

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95 6000927

7. TYPE OF APPLICANT: (enter appropriate letter in box)
   B

8. TYPE OF APPLICATION:
   ☑ New
   ☐ Continuation
   ☐ Revision

   If Revision, enter appropriate letter(s) in box(es)

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

9. NAME OF FEDERAL AGENCY:
Federal Transportation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Purchase of eleven 35-foot Compressed Natural Gas Buses

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

13. PROPOSED PROJECT
14. CONGRESSIONAL DISTRICTS OF: Janice Hahn, Grace F Naplitano, and Lucille Roybal-Allard

Start Date: 4/1/15   Ending Date: 5/31/18

15. ESTIMATED FUNDING:

   a. Federal $3,640,936
   b. Applicant $1,281,238
   c. State $0
   d. Local $0
   e. Other $0
   f. Program Income $0
   g. TOTAL $4,922,174

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
   a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
      DATE 03/17/15
   b. No. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
      ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
   ☑ Yes   ☐ No

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

a. Type Name of Authorized Representative
   John T. Walker
   Signature of Authorized Representative

b. Title
   Assistant Deputy Director

c. Telephone Number
   (626) 458-3900

d. Date Signed
   3/16/2015

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

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

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

3. Date Received: 03/17/2015

4. Applicant Identifier: Ch Dept. of Food & Agriculture

5a. Federal Entity Identifier: 
5b. Federal Award Identifier: 15-0506-1164-CA

State Use Only:

6. Date Received by State: 03/17/2015
7. State Application Identifier: 14-0435-PR

8. APPLICANT INFORMATION:

   a. Legal Name: State of California

   b. Employer/Taxpayer Identification Number (EIN/TIN): E8-0325104
   c. Organizational DUNS: 807467650000

   d. Address: 
      - Street1: 3294 Meadowview Road
      - City: Sacramento
      - County/Parish: Sacramento
      - State: Ca: California
      - Country: USA: UNITED STATES
      - Zip/Postal Code: 95832-1437

   e. Organizational Unit:
      - Department Name: Food and Agriculture
      - Division Name: Plant Health & Pest Prevention

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Dr.
      - First Name: Patrick
      - Middle Name: 
      - Last Name: Akers
      - Suffix: 
      - Title: Branch Chief
      - Organizational Affiliation: 

      - Telephone Number: 916-262-1102
      - Fax Number: 916-262-2020
      - Email: patrick.akers@cdfa.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**:
  - USDA-APHIS-FFQ

- **11. Catalog of Federal Domestic Assistance Number**:
  - 10.025
  - CFDA Title:
    - Plant & Animal Disease, Pest Control and Animal Care

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

- **12. Title**:
  - N/A

- **13. Competition Identification Number**:

  - **Title**:

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

  - [ ] Add Attachment, [ ] Delete Attachment, [ ] View Attachment

- **16. Descriptive Title of Applicant’s Project**:
  - Light Brown Apple Moth Program

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

16. Congressional Districts Of:
   * a. Applicant 0A, 3rd
   * b. Program/Project CA, all

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 03/31/2016

18. Estimated Funding ($):

<p>| | |</p>
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<td>a. Federal</td>
<td>4,031,116.00</td>
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<tr>
<td>b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>c. State</td>
<td>0.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>0.00</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>4,031,116.00</td>
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</tbody>
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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 03/18/2015.
   - 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.)
   - 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:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Myers</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>* Title:</td>
<td>Federal Funds Manager</td>
</tr>
<tr>
<td>* Telephone Number: 916-603-6333</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>* Email: <a href="mailto:crystal.myers@cdfa.ca.gov">crystal.myers@cdfa.ca.gov</a></td>
<td></td>
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* Signature of Authorized Representative: [Signature]  * Date Signed: 03/18/15
**Application for Federal Assistance SF-424**

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<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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<tr>
<td>X Application</td>
<td>Continuation</td>
<td></td>
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<td></td>
<td>Revision</td>
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<th><strong>5a. Federal Entity Identifier:</strong></th>
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<tr>
<td>USDA-APHIS-FFQ</td>
<td>15-8505-1005-CA</td>
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**State Use Only:**

- **6. Date Received by State:** 03/17/2015
- **7. State Application Identifier:** 14-0517-PR

**8. APPLICANT INFORMATION:**

- **a. Legal Name:** State of California
- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 66-0325104
- **c. Organizational DUNS:** 8074876650000

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<th><strong>d. Address:</strong></th>
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<tbody>
<tr>
<td>Street1: 3294 Meadowview Road</td>
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<tr>
<td>Street2:</td>
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<tr>
<td>City: Sacramento</td>
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<tr>
<td>County/Parish:</td>
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<td>State: CA: California</td>
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<td>Province:</td>
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<tr>
<td>Country: USA: UNITED STATES</td>
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<tr>
<td>Zip / Postal Code: 95832-1437</td>
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<tr>
<td>Department Name: Food and Agriculture</td>
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<td>Division Name: PHPSS</td>
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**f. Name and contact information of person to be contacted on matters involving this application:**

- **Prefix:** Dr.
- **First Name:** Patrick
- **Middle Name:**
- **Last Name:** Akers
- **Suffix:**
- **Title:** Branch Chief
- **Organizational Affiliation:**

- **Telephone Number:** 916-262-1102
- **Fax Number:** 916-262-2020

- **Email:** patrick.akers@cdfa.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:**
- USDA-APHIS-PPQ

**11. Catalog of Federal Domestic Assistance Number:**
- 10-025

**CFDA Title:**
- Plant & Animal Disease, Pest Control & Animal Care

**12. Funding Opportunity Number:**
- n/a

**Title:**
- n/a

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- Pink Bollworm

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

16. Congressional Districts Of:
   * a. Applicant CA-3rd
   * b. Program/Project CA-022

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 09/30/2015

18. Estimated Funding ($):
   * a. Federal 222,200.00
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 222,200.00

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 03/18/2015
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix: 
Middle Name: 
* Last Name: Myers
Suff: 
* Title: Federal Funds Manager
* Telephone Number: 816-603-6533  Fax Number: 
* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative: [Signature]  * Date Signed: 3/8/15
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. Date Received: [ ] Completed by Grants.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: [ ] Blue Earth Consultants, LLC

b. Employer/Taxpayer Identification Number (EIN/TIN): [ ] 208496611

c. Organizational DUNS: [ ] 6077215240000

d. Address:

- Street: [ ] 283 4th Street #202

- City: [ ] Oakland

- County/Parish: [ ] Alameda

- State: [ ] CA: California

- Province: [ ]

- Country: [ ] USA: UNITED STATES

- Zip / Postal Code: [ ] 94607-4320

e. Organizational Unit:

Department Name: [ ] Division Name: [ ]

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

Prefix: [ ] Dr.

Middle Name: [ ] Churcher

* Last Name: [ ] Hoffman

Suffix: [ ]

Title: [ ] Principal

Organizational Affiliation: [ ]

* Telephone Number: [ ] 510-268-8207

Fax Number: [ ]

* Email: [ ] tegan@blueearthconsultants.com
**Application for Federal Assistance SF-424**

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.451

CFDA Title:
Gulf Coast Ecosystem Restoration Science, Observation, Monitoring, and Technology

* 12. Funding Opportunity Number:

NOAA-NOS-NCCOS-2015-2004313

* Title:
NOAA RESTORE Act Science Program

13. Competition Identification Number:

2507271

Title:

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

* 15. Descriptive Title of Applicant's Project:

Inventory, Assessment, and Analysis of Existing and Development of Additional Gulf of Mexico Ecological and Socioeconomic Indicators

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

16. Congressional Districts Of:
   * a. Applicant CA-013
   * b. Program/Project FL-001

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 374,821.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 4,159.00
   * f. Program Income 0.00
   * g. TOTAL 378,980.00

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 03/16/2015.
   ☐ 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: Dr.
Middle Name: Churcher
* Last Name: Hoffmann
Suffix: 
* Title: Principal

* Telephone Number: 510-268-8207
Fax Number: 510-655-7800
* Email: teagan@blueearthconsultants.com

* Signature of Authorized Representative: [Signature]
* Date Signed: 03/13/2015
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:
   03/18/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier: 91598015

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

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

   c. Organizational DUNS:
      808322580000

   d. Address:
      1416 9TH 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: 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: 916-327-0562
      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:
   F15AS0009Z
   *Title:
   RW (CA/SV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Kern County (23), Tulare County (23), Fresno County (22)

* 15. Descriptive Title of Applicant’s Project:
   Ecological Reserve Enhancement: Central Region

Attach supporting documents as specified in agency instructions.

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

**Version 02**

16. Congressional Districts Of:

* a. Applicant  
CA-006

* b. Program/Project  
22.23

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 ($):

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<td>* f. Program Income</td>
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<tr>
<td>* g. TOTAL</td>
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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  
03/18/2015

[ ] 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 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:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Lisa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: Bayes</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>* Title: DDS</td>
<td></td>
</tr>
<tr>
<td>* Telephone Number: (916)445-3701</td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>* Email: <a href="mailto:lisa.bayes@wildlife.ca.gov">lisa.bayes@wildlife.ca.gov</a></td>
<td></td>
</tr>
<tr>
<td>* Signature of Authorized Representative: Lisa Bayes</td>
<td></td>
</tr>
<tr>
<td>* Date Signed: 03/18/2015</td>
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Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-162
### Application for Federal Assistance SF-424

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<td>[ ] Changed/Corrected Application</td>
<td>[ ] Revision</td>
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**State Use Only:**

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<td>STATE CLEARING HOUSE</td>
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### B. APPLICANT INFORMATION:

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<th><strong>a. Legal Name:</strong></th>
<th>Elsinore Valley Municipal Water District</th>
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<tr>
<th><strong>b. Employer/Taxpayer Identification Number (EIN/TIN):</strong></th>
<th><strong>c. Organizational DUNS:</strong></th>
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<td>95-6005663</td>
<td>0426098180000</td>
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<tr>
<th><strong>d. Address:</strong></th>
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<tr>
<td>Street1: 31315 Chaney Street</td>
</tr>
<tr>
<td>City: Lake Elsinore</td>
</tr>
<tr>
<td>State: CA: California</td>
</tr>
<tr>
<td>Country: USA: UNITED STATES</td>
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<tr>
<td>Zip / Postal Code: 92530-2743</td>
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### e. Organizational Unit:

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<th>Division Name:</th>
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</tr>
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### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Ms.</td>
<td>Serena</td>
<td></td>
<td>Johns</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>Management Analyst</th>
</tr>
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<table>
<thead>
<tr>
<th><strong>Telephone Number:</strong></th>
<th><strong>Fax Number:</strong></th>
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<td>951-674-3146 x8319</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Email:</strong></th>
<th><a href="mailto:ejohns@evmwd.net">ejohns@evmwd.net</a></th>
</tr>
</thead>
</table>
**Application for Federal Assistance SF-424**

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

D: Special District Government  
Type of Applicant 2: Select Applicant Type:  
Type of Applicant 3: Select Applicant Type:  
* Other (specify):  

* 10. Name of Federal Agency:  

Bureau of Reclamation  

11. Catalog of Federal Domestic Assistance Number:  

CFDA Title:  

* 12. Funding Opportunity Number:  

R15AB00026  
* Title:  

Bay-Delta Restoration Program: CALFED Water Use Efficiency Grants  

13. Competition Identification Number:  

Title:  

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

15. Descriptive Title of Applicant's Project:  

Advanced Metering Infrastructure Project  

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

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

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

#### 17. Proposed Project:
- **a.** Start Date: 10/01/2015
- **b.** End Date: 12/31/2017

#### 18. Estimated Funding ($):
- **a.** Federal: 750,000.00
- **b.** Applicant: 4,388,371.00
- **c.** State: 0.00
- **d.** Local: 0.00
- **e.** Other: 0.00
- **f.** Program Income: 0.00
- **g.** TOTAL: 5,138,371.00

#### 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 03/20/2015.
  - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
  - c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

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

- **Title:** Management Analyst

- **Telephone Number:** 951-674-3146 x8319
- **Fax Number:**

- **Email:** ajohns@evmwda.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
   - [X] Application
   - [ ] Changed/Corrected Application

* 2. Type of Application: New

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

3a. Federal Entity Identifier:
   - [ ] D. S. Bureau of Reclamation

3b. Federal Award Identifier:
   - [ ] RECEIVED
   - [ ] MAR 18 2013

5. Applicant Information:

   a. Legal Name: Inland Empire Utilities Agency

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - [ ] 95-600469

   c. Organizational DUNS:
      - [ ] 0436522050000

5d. Address:

   - [ ] Street: 6075 Kimball Ave
   - [ ] City: Chino
   - [ ] County/Parish: San Bernardino
   - [ ] State: CA: California
   - [ ] Country: USA: UNITED STATES
   - [ ] Zip/Postal Code: 91708-9174

5e. Organizational Unit:

   - [ ] Department Name: Accounting & Fiscal Management
   - [ ] Division Name: Grants Administration

5f. Name and contact information of person to be contacted on matters involving this application:

   - [ ] Prefix: Mr.
   - [ ] Middle Name: H.
   - [ ] Last Name: Gu
   - [ ] Title: Grants Officer
   - [ ] *First Name: Jason

   - [ ] Telephone Number: (909) 992-1636
   - [ ] Fax Number: (909) 993-1986
   - [ ] Email: igu@ieuwa.org
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CPDA Title:

* 12. Funding Opportunity Number:
   415A900024

* Title:
   Bay-Delta Restoration Program: CALFED Water Use Efficiency Grants

13. Competition Identification Number:

Title:

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

Areas Affected by Project.docx

* 15. Descriptive Title of Applicant's Project:
   Groundwater Recharge Yield Enhancement Conjunctive Use Project for Stormwater Capture

Attach supporting documents as specified in agency instructions.
### 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: 07/01/2014
- b. End Date: 05/31/2017

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

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<td>g. TOTAL</td>
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#### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- a. This application was made available to the State under the Executive Order 12372 Process for review on 01/20/2015.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach.

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

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Mr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name</td>
<td>Joseph</td>
</tr>
<tr>
<td>* Last Name</td>
<td>Grindstaff</td>
</tr>
<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>General Manager</td>
</tr>
<tr>
<td>* Telephone Number</td>
<td>(908) 993-1600</td>
</tr>
<tr>
<td>Fax Number</td>
<td>909-593-1985</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:grindstaff@ieua.org">grindstaff@ieua.org</a></td>
</tr>
<tr>
<td>* Signature of Authorized Representative:</td>
<td>Completed by Grants.gov upon submission.</td>
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**Application for Federal Assistance SF-424**

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**State Use Only:**

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**8. APPLICANT INFORMATION:**

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<th>b. EIN/TIN</th>
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</thead>
<tbody>
<tr>
<td>Prefix: Ma. * First Name: Melissa</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name: Jones</td>
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<td>Suffix:</td>
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<tr>
<td>Title: Grant Administrator</td>
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<table>
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<tr>
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<th>Fax Number</th>
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<td>916-327-0062</td>
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<table>
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<tr>
<th>* Email</th>
<th><a href="mailto:Melissa.Jones@wildlife.ca.gov">Melissa.Jones@wildlife.ca.gov</a></th>
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<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
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<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
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<tr>
<td>* Other (specify):</td>
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| 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:                                         | 36 (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.): | San Diego (50), Orange (45), Western Riverside (36), Western Imperial (51) |

| 15. Descriptive Title of Applicant's Project:    | SOUTH COAST REGION LARGE MAMMAL POPULATION MONITORING AND CONSERVATION |

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-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 132,028.00
   * b. Applicant 0.00
   * c. State 44,009.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 176,037.00

   * 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 03/15/2015.
      □ 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.)
      □ 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: Bay
Suffix: 
* Title: RMSI

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

* Signature of Authorized Representative: Lisa Bay
* Date Signed: 03/19/2015
Application for Federal Assistance SF-424

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

* 2. Type of Application: ☑ New
   ☐ Continuation
   ☐ Revision
   * If Revision, select appropriate letter(s):

* 3. Date Received: 03/19/2015

* 4. Applicant Identifier:

6a. Federal Entity Identifier:

* 5b. Federal Award Identifier: F14A9000033

State Use Only:

6. Date Received by State:

7. State Application Identifier: C1598053

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 - Suite 1211
  * City: SACRAMENTO
  * County: 
  * State: CA: California
  * Province: 
  * Country: USA: UNITED STATES
  * Zip / Postal Code: 95814

  e. Organizational Unit:

    Department Name: CA DEPT OF FISH AND WILDLIFE
    Division Name: GRANTS MANAGEMENT BRANCH

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

    Prefix: Mr.
    * First Name: STEVE
    * Last Name: WONG
    * Suffix: 
    * Title: GRANT ADMINISTRATOR
    * Telephone Number: (916) 445-3694
    * Fax Number: (916) 327-6320
    * Email: steve.wong@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:

15.605

CFDA Title:

Sport Fish Restoration Program

12. Funding Opportunity Number:

P14AS00013

* Title:

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

13. Competition Identification Number:

Title:

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

California coastal counties from the California–Oregon border to the California–Mexico border.

16. Descriptive Title of Applicant’s Project:

Fishery Dependent Data Collection–CA Recreational Fisheries Survey

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

16. Congressional Districts Of:
   * a. Applicant  CA-5
   * 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  2,549,035.00
   * b. Applicant  0.00
   * c. State  849,685.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  3,398,740.00

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 03/18/2015
   ☐ 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 hereinafter 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: BLAINE
Middle Name:  
* Last Name: NICKENS
Suffic:  
* Title: CHIEF, GRANTS MANAGEMENT BRANCH
* Telephone Number: (916) 445-9300  Fax Number: (916) 327-6330
* Email: blaine.nickens@wildlife.ca.gov
* Signature of Authorized Representative:  Blaine Nickens  * Date Signed: 03/18/2015
# Application for Federal Assistance SF-424

**Version 02**

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<th><em>2. Type of Application:</em></th>
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<td>□ Application</td>
<td>□ Continuation</td>
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**State Use Only:**

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**8. APPLICANT INFORMATION:**

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<tr>
<th>*c. Organizational DUNS:</th>
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<td><em>Street:</em> 1416 7TH STREET</td>
</tr>
<tr>
<td>Street2: SUITE 1211</td>
</tr>
<tr>
<td><em>City:</em> SACRAMENTO</td>
</tr>
<tr>
<td>County:</td>
</tr>
<tr>
<td><em>State:</em> CA; California</td>
</tr>
<tr>
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<td><em>Country:</em> USA; UNITED STATES</td>
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**f. Name and contact information of person to be contacted on matters involving this application:**

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<table>
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<tr>
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<table>
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<th><em>Telephone Number:</em></th>
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<tr>
<td>(916) 327-0062</td>
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<table>
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</table>

<table>
<thead>
<tr>
<th><em>Email:</em></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**

**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:**

P15AS90091

*Title:

WS (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: WILDLIFE INVESTIGATIONS LABORATORY

Attach supporting documents as specified in agency instructions.

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

**Version 02**

10. 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 ($):
   * a. Federal 366,728.00
   * b. Applicant 0.00
   * c. State 122,242.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 488,967.00

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 03/20/2015
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions."

   - [ ] 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: SSMI
- Telephone Number: (916) 445-3701
- Fax Number:
- * Email: lisa.bays@wildlife.ca.gov
- * Signature of Authorized Representative: Lisa Bays
- * Date Signed: 03/20/2016
Application for Federal Assistance SF-424

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<tr>
<td>d. Address</td>
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<tr>
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<td>95814-5515</td>
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<td>e. Organizational Unit</td>
<td>CDFW</td>
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<tr>
<td>Division Name</td>
<td>Grants Management Branch</td>
</tr>
<tr>
<td>f. Name and contact information of person to be contacted on matters involving this application</td>
<td></td>
</tr>
<tr>
<td>Prefix</td>
<td>Ms.</td>
</tr>
<tr>
<td>* First Name</td>
<td>Melissa</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
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<tr>
<td>Last Name</td>
<td>Jones</td>
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<td>* Email</td>
<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**

**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:**

F15AS00091

*Title:

NR (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.):**

Stanislaus (10), Tuolumne (4), Merced (16), Mariposa (4), Madera (4), Fresno (16), Kings (21), Tulare (23), and Kern (21&23)

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

Wildlife Management and Resource Assessment: Central Region (Game/Non-Game)

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

16. Congressional Districts Of:
   * a. Applicant  CA-606  
   * 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 ($):

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<td>b. Applicant</td>
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<td>c. State</td>
<td>262,539.00</td>
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<td>d. Local</td>
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<td>e. Other</td>
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<td>f. Program Income</td>
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<td>g. TOTAL</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 03/29/2015.
   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: SMII  
* Telephone Number: (916) 445-3703  
Fax Number:  
* Email: Lisa_Bays@wildlife.ca.gov  
* Signature of Authorized Representative: Lisa Bays  
* Date Signed: 03/20/2016
## APPLICATION FOR FEDERAL ASSISTANCE

### 1. TYPE OF SUBMISSION:
- **Construction**
- **Non-Construction**

### 2. DATE SUBMITTED
- **March 19, 2015**

### 3. DATE RECEIVED BY STATE

### 4. DATE RECEIVED BY FEDERAL AGENCY

### 5. APPLICANT INFORMATION
- **Legal Name:** Honey Lake Valley Recreation Authority HLVRA
- **Address:** 66 N. Lassen Street, Susanville, CA 96030

### 6. EMPLOYER IDENTIFICATION NUMBER (EIN):
- 94-6000439

### 7. TYPE OF APPLICANT:
- **Organizational Unit:** Joint Powers Authority
- **Name and telephone number of person to be contacted on matters involving this application:** Jared G. Hancock (530) 252-5101

### 8. TYPE OF APPLICATION:
- **New**
- **Continuation**
- **Revision**

### 9. NAME OF FEDERAL AGENCY:
- Department of the Interior - National Park Service

### 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
- 15-916

### 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
- HLVRA community pool project - development of a community pool facility on a site of a previous community pool facility that was originally developed in the 1930s. Existing pool will be demolished and replace with new pool facility.

### 12. AREAS AFFECTED BY PROJECT:
- City of Susanville

### 13. PROPOSED PROJECT
- **Start Date:** 7/1/15
- **Ending Date:** 7/1/17

### 14. CONGRESSIONAL DISTRICTS OF:
- **a. Applicant:** District 1, Doug LaMalfa
- **b. Project:** District 1, Doug LaMalfa

### 15. ESTIMATED FUNDING:

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<td>f. Program Income</td>
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### 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
- **a. YES.**
- **b. No.**

### 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
- **Yes**
- **No**

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

- **a. Type of Authorized Representative:** Jared G. Hancock
- **b. Title:** HLVRA Executive Director
- **c. Telephone Number**
- **d. Signature of Authorized Representative**

[Signatures and dates]

---

**Standard Form 424 (Rev. 7-97)**

**Prescribed by OMB Circular A-102**
**APPLICATION FOR FEDERAL ASSISTANCE**

1. **TYPE OF SUBMISSION:**
   - [ ] Application
   - [ ] Construction
   - [ ] Non-Construction

2. **DATE SUBMITTED**
   - 3-24-2015

3. **DATE RECEIVED BY STATE**
   - 3-24-2015

4. **DATE RECEIVED BY FEDERAL AGENCY**
   - 3-24-2015

5. **APPLICANT INFORMATION**
   - **Organizational Unit:**
     - Department:
   - **Division:**
   - **Name and telephone number of person to be contacted on matters involving this application (give area code):**
     - Prefix: __________
     - First Name: **Barbara**
     - Middle Name: **Jane**
     - Last Name: **VaughnBechold**
     - Suffix: __________
     - Phone Number (give area code): 916-321-9000
     - Fax Number (give area code): 916-321-6551
   - **Email:** tvauhngbechold@sacog.org

6. **EMPLOYER IDENTIFICATION NUMBER (EIN):**
   - [ ] 88-0152162

7. **TYPE OF APPLICATION:**
   - [ ] New
   - [ ] Continuation
   - [ ] Revision
   - If Revision, enter appropriate letter(s) in box(es)
   - (See back of form for description of letters.)

8. **CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**
   - 29-9-07

9. **NAME OF FEDERAL AGENCY:**
   - Federal Transit Administration (FTA)

10. **DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
    - SACOG Technical Assistance to Transit Operators

11. **STATE CLEARING HOUSE**

12. **AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**
    - State of CA, El Dorado, Placer, Sacramento, Sutter, Yolo & Yuba counties

13. **PROPOSED PROJECT**
    - **Start Date:** 3-11-2015
    - **Ending Date:** 6-30-2017

14. **CONGRESSIONAL DISTRICTS OF:**
    - a. Applicant
    - 1, 2, 3, 4, & 5
    - b. Project

15. **ESTIMATED FUNDING:**
    - a. Federal $ 130,000
    - b. Applicant $ 0
    - c. State $ 0
    - d. Local $ 0
    - e. Other $ 0
    - f. Program Income $ 0
    - g. TOTAL $ 130,000

16. **IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
    - [ ] Yes
    - [ ] No

17. **IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
    - [ ] Yes
    - [ ] No

**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  
   - [X] Application  
   - [ ] Changed/Corrected Application  

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

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

* 3. Date Received:  
   - 03/04/2016

* 4. Applicant Identifier:  
   - 99-867567

* 5a. Federal Entity Identifier:  
   - 

* 5b. Federal Award Identifier:  
   - 

STATE CLEARING HOUSE

MAR 26 2015

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
   - 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: JOHNS

* 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:
   
   15.61

   CFDA Title:
   
   Wildlife Restoration and Basic Hunter Education

12. Funding Opportunity Number:
   
   F15AS00091

   * 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.):

   STATEWIDE

15. Descriptive Title of Applicant's Project:

   WILDLIFE INVENTORY & RESEARCH: HUMAN DIMENSIONS OF WILDLIFE CONSERVATION

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: 09/01/2015

* b. End Date: 06/30/2016

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

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 03/24/2015.
- [ ] 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

Explanations

**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: Lisa

Middle Name: 

* Last Name: Bays

Suffic: 

* Title: ESME

* Telephone Number: (916) 445-3701

Fax Number: 

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

* Signature of Authorized Representative: Lisa Bays

* Date Signed: 03/24/2015

---

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
**Application for Federal Assistance SF-424**  
Version 02

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

### 8. 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:
- 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.):
- Alpine (4), Amador (4), Butte (1), Calaveras (4), Colusa (3), Glenn (3), El Dorado (4), Lake (3), Nevada (1), Placer (4), Plumas (1), Sierra (1), Sacramento (647), San Joaquin (9), Sutter (3), Tuba (3) and Yolo (3)

### 15. Descriptive Title of Applicant's Project:
- Wildlife Habitat Inventories & Research: North Central Region Wildlife Management (Game Species)

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
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
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   * g. TOTAL
     
     765,641.00
     0.00
     255,214.00
     0.00
     0.00
     0.00
     1,020,855.00

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 03/24/2015.
   □ 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 1094)

□ ** 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: SSMF
* Telephone Number: (916) 445-3701
* Email: Lisa_Bays@wildlife.ca.gov
* Signature of Authorized Representative: Lisa Bays
* Date Signed: 02/16/2016

Authorized for Local Reproduction

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

**Version 02**

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<tr>
<td>Prefix:</td>
<td>Ms.</td>
</tr>
<tr>
<td>First Name:</td>
<td>Melissa</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
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<td>Jones</td>
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**Application for Federal Assistance SF-424**

### 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

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

### 12. Funding Opportunity Number:
- F15AS00091

### Title:
- 86 (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: California Mountain Lion Conservation Program Coordination and Resource Assessment

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 ($):

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### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
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### 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
- Yes
- No

**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:

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<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>* Last Name</td>
<td>Bays</td>
</tr>
<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>* Title</td>
<td>SSMI</td>
</tr>
<tr>
<td>* Telephone Number: (916) 032-2538</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:Lisa.Bays@wildlife.ca.gov">Lisa.Bays@wildlife.ca.gov</a></td>
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<td>* Signature of Authorized Representative: Lisa Bays</td>
<td>* Date Signed: 03/24/2014</td>
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## Application for Federal Assistance SF-424

### Version 02

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4. Applicant Identifier: 1182-1549

5a. Federal Entity Identifier:

5b. Federal Award Identifier: RECEIVED MAR 26 2015

State Use Only: STATE CLEARING HOUSE

### 6. Date Received by State:

7. State Application Identifier:

### 8. APPLICANT INFORMATION:

**a. Legal Name:** BARDEX CORPORATION

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 85-3793000

**c. Organizational DUNS:** ADF 4008

d. **Address:**

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e. **Organizational Unit:**

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

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<td>GRANEY</td>
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<td>Title:</td>
<td>PRESIDENT</td>
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Organizational Affiliation:

<table>
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<tr>
<th><em>Telephone Number:</em> (805) 964-7747</th>
<th>Fax Number: (805) 883-1763</th>
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*Email:* DGRANEY@BARDEX.COM
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

*10 Name of Federal Agency:
   DEPARTMENT OF ENERGY

11. Catalog of Federal Domestic Assistance Number:
   
   CFDA Title:
   
12. Funding Opportunity Number:
   DE-FOA-0001182

*Title:
   MARINE AND HYDROKINETIC SYSTEMS PERFORMANCE ADVANCEMENT II (SPA II): COMPONENT METRIC VALIDATION

13. Competition Identification Number:
   
   Title:
   
14. Areas Affected by Project (Cities, Counties, States, etc.):
   
15. Descriptive Title of Applicant's Project:
   CROSSCUTTING POWER TAKE-OFF DEVELOPMENT PROJECT
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: 24TH CONGRESSIONAL DISTRICT OF CALIFORNIA
   *b. Program/Project: 24TH CONGRESSIONAL DISTRICT OF CALIFORNIA

17. Proposed Project:
   *a. Start Date: OCTOBER 1, 2015
   *b. End Date: SEPTEMBER 22, 2017

18. Estimated Funding ($):
   *a. Federal: $866,808
   *b. Applicant: $216,702
   *c. State: 
   *d. Local: 
   *e. Other: 
   *f. Program Income: 
   *g. TOTAL: $1,083,509

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 MARCH 25, 2015
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E. O. 12372

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

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

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

Authorized Representative:

Prefix: 
Middle Name: 
*Last Name: GRANEY
Suffix: 

*Title: PRESIDENT

*Telephone Number: (805) 964-7747 Fax Number: (805) 683-1763

*Email: DGRANEY@BARDEX.COM

Signature of Authorized Representative: 

*Date Signed: 2/5/2015

Authorized for Local Reproduction

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

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

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

*3. Date Received:  
03/15/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

5c. State Clearing House:  

6. Date Received by State:  

7. State Application Identifier:  

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 3RD STREET
- City: SACRAMENTO
- State: CA
- 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.
- Middle Name:  
- Last Name: Jones
- Title: Grant Administrator
- *Telephone Number: (916)327-0062
- *Email: Melissa.Jones@wildlife.ca.gov
**Application for Federal Assistance SF-424**  
Version 02

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<td>13. Competition Identification Number:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<td>WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE-REGION 4</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: CA-005  
   * b. Program/Project: CA-ALR  

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: 2,463,808.00  
   * b. Applicant: 0.00  
   * c. State: 814,602.00  
   * d. Local: 0.00  
   * e. Other: 0.00  
   * f. Program Income: 25,622.00  
   * g. TOTAL: 3,304,032.00  

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 03/25/2015.  
   ☑ 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 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: Bayes  
Suffix:  
* Title: SSMI  
* Telephone Number: (916)445-3701  
Fax Number:  
* Email: Lisa.Bayes@wildlife.ca.gov  
* Signature of Authorized Representative: Lisa Bayes * Date Signed: 02/26/2016
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. Data Received:
   - 03/05/2015

* 4. Applicant Identifier:

6a. Federal Entity Identifier:

6b. Federal Award Identifier:

State Use Only:

6. Data Received by State:

7. State Application Identifier: G1598086

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 94-1697667

* c. Organizational DUNS:
   - 8083223580000

* d. Address:
   - Street1: 1416 9TH STREET
   - City: SACRAMENTO
   - County:
   - State: CA; California
   - Province:
   - Country: USA; UNITED STATES
   - Zip / Postal Code: 95814

* 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:

Middle Name:

* Last Name: SALASAR

Suffix:

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-322-6201

* Fax Number: 916-327-6320

* Email: BRIAN.SALASAR@WILDLIFE.CA.GOV
<table>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></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: CA-06
   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: 06/30/2017

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

   320,527.00
   0.00
   172,591.00
   0.00
   0.00
   0.00
   493,118.00

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 03/25/2015.
   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 210, Section 1021)
   ☒ 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: STAFF SERVICES MANAGER I
Telephone Number: 916-445-3701
Fax Number: 
Email: LISA.BAYS@WILDLIFE.CA.GOV
Signature of Authorized Representative: LISA BAYS * Date Signed: 03/25/2015

Authorized for Local Reproduction

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

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

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

3. Date Received:

4. Applicant Identifier:
   1213-1609

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

   STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

  a. Legal Name: Wildcat Discovery Technologies, Inc.

  b. Employer/Taxpayer Identification Number (EIN/TIN):
     20-5595019

  c. Organizational DUNS:
     793865788

  d. Address:
     
     Street 1:
     6985 Flanders Drive

     Street 2:

     City:
     San Diego

     County:
     San Diego

     State:
     California

     Province:

     Country:
     United States of America

     Zip / Postal Code:
     92121

  e. Organizational Unit:
     
     Department Name:

     Division Name:

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

     Prefix:

     *First Name:
     Rosa

     Middle Name:

     Last Name:
     Russo

     Suffix:

     Title:
     Business Development Manager

     Organizational Affiliation:
     Wildcat Discovery Technologies, Inc.

     *Telephone Number: (658) 550-1980
     Fax Number: (658) 638-7533

     *Email: rrusso@wildcatdiscovery.com
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:
Q. For-profit Org(Other Than Small Business)

*Other (Specify)
Applicant 2 is a U.S. National Laboratory

*10 Name of Federal Agency:
U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:
B1.086

CFDA Title:
Conservation Research and Development

*12 Funding Opportunity Number:
DE-FOA-0001213

*Title:
FY2015 Vehicle Technologies Office Incubator

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
San Diego, San Diego County, California
Upton, Suffolk County, New York
Mountain View, Santa Clara County, California

*15. Descriptive Title of Applicant's Project:
High Energy Copper Fluoride Cathode for Rechargeable Batteries
**Application for Federal Assistance SF-424**

16. Congressional Districts Of:
   - a. Applicant: CA-052
   - b. Program/Project: CA-052, NY-001, CA-018

17. Proposed Project:
   - a. Start Date: 10/1/2015
   - b. End Date: 9/30/2018

18. Estimated Funding ($):
   - a. Federal: $2,396,041
   - b. Applicant: $596,760
   - c. State: 
   - d. Local: 
   - e. Other: 
   - f. Program Income: 
   - g. TOTAL: $2,992,801

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 03/26/2015
   - 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.)
   - a. Yes □ No

21. By signing this application, I certify (1) to the statements contained in the list of certifications and assurances 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: Grossar
- Suffix: 

- Title: Chief Executive Officer

- Telephone Number: (858) 550-1980
- Fax Number: (858) 638-7533

- Email: mgrossar@wildcatdiscovery.com

- Signature of Authorized Representative: □ Date Signed: 03/27/2015
Application for Federal Assistance SF-424

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<th>2. Type of Application:</th>
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<td>Application</td>
<td>Continuation</td>
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<tr>
<td>Changed/Corrected Application</td>
<td>Revision</td>
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3. Date Received: 03/27/2015

4. Applicant Identifier: 

5a. Federal Entity Identifier: 

5b. Federal Award Identifier: 

Mar 27 2015

STATE OF CALIFORNIA

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

c. Organizational DUNS: 0093223580003

d. Address:

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<tr>
<td>County:</td>
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<td>State: CA: California</td>
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<td>Province:</td>
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<td>Country: USA: UNITED STATES</td>
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<tr>
<td>Zip / Postal Code: 95814-5515</td>
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</tbody>
</table>

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: 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:
    - F15AS00091

   *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.):
    - Alameda(15), Contra Costa(11), Marin(2), Napa(5), Sacramento(6 &7), San Mateo(14 & 18), Santa Clara(18 & 19), Santa Cruz(18), San Francisco(12), San Joaquin(9), Solano(3), Sonoma(2), Yolo(3)

15. Descriptive Title of Applicant's Project:
    - BULLDOZER SUPPORTING WILDLIFE RESTORATION AND MANAGEMENT IN THE BAY DELTA REGION

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

Version 02

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: 03/27/2015
    * b. End Date: 03/30/2016

18. Estimated Funding ($):

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<td>g. TOTAL</td>
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</table>

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

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/27/2015.
☐ 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
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 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: Baya
Suffix:  
* Title: SOMI
* Telephone Number: (916) 445-3701  Fax Number:  
* Email: Lisa.Baya@wildlife.ca.gov
* Signature of Authorized Representative: Lisa Baya  * Date Signed: 03/27/2015

Authorized for Local Reproduction

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

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
Application for Federal Assistance SF-424

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

* 2. Type of Application: New

* if Revision, select appropriate letter(s):
  - Revision

* 3. Date Received: 

4. Applicant Identifier: 

5a. Federal Entity Identifier: 

* 5b. Federal Award Identifier: 

State Use Only:

6. Date Received by State: 

7. State Application Identifier: 

8. APPLICANT INFORMATION:

* a. Legal Name: City of Hayward

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000346

* c. Organizational DUNS: 040010175

d. Address:

* Street1: 777 B Street

Street2: 

* City: Hayward

County: 

* State: CA

Province: 

* Country: USA: UNITED STATES

* Zip / Postal Code: 94541

e. Organizational Unit:

Department Name: Utilities & Environmental Services Department

Division Name: Water Pollution Source Control

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

Prefix: Ms. 

* First Name: Elsa

Middle Name: 

* Last Name: Willong

Suffic: 

Title: Water Pollution Control Administrator

Organizational Affiliation: 

* Telephone Number: (510) 881-7960

Fax Number: (510) 881-7903

* Email: Elsa.Willong@hayward-ca.gov
**Application for Federal Assistance SF-424**

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

10. **Name of Federal Agency:**
    - United States Environmental Protection Agency Region 9

11. **Catalog of Federal Domestic Assistance Number:**
    - 66.126

    **CFDA Title:**
    - San Francisco Bay Water Quality Improvement Fund (FY 2014 Funds)

12. **Funding Opportunity Number:**
    - EPA-R9-WTR3-14-01

    **Title:**
    - San Francisco Bay Water Quality Improvement Fund (FY 2014 Funds)

13. **Competition Identification Number:**

    **Title:**

14. **Areas Affected by Project (Cities, Counties, States, etc.):**
    - City of Hayward, Alameda County, California

15. **Descriptive Title of Applicant's Project:**
    - Hayward Youth-Based Trash Capture, Reduction, and Watershed Education Project

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

16. Congressional Districts Of:
   * a. Applicant  
     **CA-015**
   * b. Program/Project

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

17. Proposed Project:
   * a. Start Date:  
     **June 2015**
   * b. End Date:  
     **June 2019**

18. Estimated Funding ($):
   * a. Federal  
     **$800,000**
   * b. Applicant  
     **$800,000**
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL  
     **$1,600,000**

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.)
    **Applicant Federal Debt Delinquency 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:

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Mr.</th>
<th>* First Name:</th>
<th>Alex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Ameri</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
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<tr>
<td>* Title:</td>
<td>Director of Utilities &amp; Environmental Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(510) 583-4720</td>
<td>Fax Number:</td>
<td>(510) 583-3910</td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:Alex.Ameri@hayward-ca.gov">Alex.Ameri@hayward-ca.gov</a></td>
<td></td>
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</tr>
</tbody>
</table>

| Signature of Authorized Representative: | * Date Signed: | March 20, 2016 |
* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
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. Date Received:**
Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**
F15A000592

**6. Data Received by State:**

**7. State Application Identifier:**
G1580856

**8. APPLICANT INFORMATION:**

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

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

**c. Organizational DUNS:**
408323380000

**d. Address:**

- **Street1:** 1416 9TH STREET
- **City:** SACRAMENTO
- **State:** CA: California
- **Zip/Postal Code:** 95814

**e. Organizational Unit:**

- **Department Name:** CA DEPT OF FISH & WILDLIFE
- **Division Name:** GRANTS MANAGEMENT BRANCH

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

- **Prefix:** Mr.
- **First Name:** STEVE
- **Last Name:** WONG
- **Suffix:**

**Title:** GRANTS ADMINISTRATOR

**Organizational Affiliation:**

- **Telephone Number:** (916)445-3694
- **Fax Number:** (916)327-6320
- **Email:** steve.wong@wildlife.ca.gov
**Application for Federal Assistance SF-424**

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

<table>
<thead>
<tr>
<th>10. Name of Federal Agency:</th>
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<tbody>
<tr>
<td>Fish and Wildlife Service</td>
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<table>
<thead>
<tr>
<th>11. Catalog of Federal Domestic Assistance Number:</th>
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</thead>
<tbody>
<tr>
<td>15.605</td>
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<tr>
<td>CFDA Title:</td>
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<tr>
<td>Sport Fish Restoration Program</td>
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</tbody>
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<table>
<thead>
<tr>
<th>12. Funding Opportunity Number:</th>
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<tbody>
<tr>
<td>15SA800092</td>
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<tr>
<td>*Title:</td>
</tr>
<tr>
<td>R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Competition Identification Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
</tr>
</thead>
<tbody>
<tr>
<td>California coastal counties from the California-Oregon border to the California-Mexico border.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Descriptive Title of Applicant's Project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCEAN RESOURCES ENHANCEMENT AND HATCHERY PROGRAM-OREHIP</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-6
   * 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  75,778.00
   * b. Applicant  0.00
   * c. State  250,923.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  1,003,693.00

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 03/24/2015.
   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 21, Section 1001)
   □ ** I AGREE

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

Authorized Representative:

Prefix:  Mr.  * First Name:  BLAINE
Middle Name:  
* Last Name:  NICKENS
Suffix:  

* Title:  CHIEF, GRANTS MANAGEMENT BRANCH

*Telephone Number:  (916) 465-9300  Fax Number:  (916) 327-6320

* Email:  BLAINE.NICKENS@WILDLIFE.CA.GOV

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

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
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:  
03/09/2015

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:  
STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
94-1677567

* c. Organizational DUNS:  
808223580000

d. Address:  

* Street1:  
1416 9TH STREET  
Street2:  
SUITE 1211  
* City:  
SACRAMENTO  
County:  
STATE OF CALIFORNIA  
* State:  
CA: California  
Provin:  
Country:  
USA: UNITED STATES  
* Zip / Postal Code:  
95814-5515

e. Organizational Unit:

Department Name:  
DEWA  
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
<table>
<thead>
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<th><strong>Application for Federal Assistance SF-424</strong></th>
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<td>Fish and Wildlife Service</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
<td>15.811</td>
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<tr>
<td>CFDA Title:</td>
<td>Wildlife Restoration and Basic Hunter Education</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
<td>F15AS09002</td>
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<tr>
<td><em>Title:</em></td>
<td>R8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies</td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
<td>STATEWIDE</td>
</tr>
<tr>
<td><strong>16. Descriptive Title of Applicant's Project:</strong></td>
<td>WILDLIFE INVENTORIES AND RESEARCH: SPECIES CONSERVATION (NON-GAMS)</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

18. 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
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL
190,840.00
0.00
43,615.00
0.00
9.00
9.00
254,453.00

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☐ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/30/2015.
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☐ Yes ☐ No

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☐ ** 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: Baya
Suffix: 
* Title: SSNI
* Telephone Number: (916) 445-3701 Fax Number:
* Email: Lisa.Baya@wildlife.ca.gov
* Signature of Authorized Representative: Lisa Baya
* Date Signed: 06/30/2015

Authorized for Local Reproduction

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

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.