

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1 - 15, 2013**. 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.

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### Application for Federal Assistance SF-424

<b>* 1. Type of Submission:</b> <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ • Other (Specify) _____
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<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____	<b>RECEIVED</b>
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<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> APR 02 2013
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State Use Only: \_\_\_\_\_ **STATE CLEARING HOUSE**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
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#### 8. APPLICANT INFORMATION:

**\* a. Legal Name:** Independence Ranch Community Services District

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 77-0317042	<b>* c. Organizational DUNS:</b> 967366829
--	---

#### d. Address:

**\* Street 1:** 6289 Hawk Ridge Place  
**Street 2:** \_\_\_\_\_  
**\* City:** San Miguel  
**County/Parish:** \_\_\_\_\_  
**\* State:** California  
**Province:** \_\_\_\_\_  
**\* Country:** USA: UNITED STATES  
**\* Zip / Postal Code:** 93451

#### e. Organizational Unit:

<b>Department Name:</b> _____	<b>Division Name:</b> _____
----------------------------------	--------------------------------

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

**Prefix:** Mr. **\* First Name:** John  
**Middle Name:** Francis  
**\* Last Name:** Eulberg  
**Suffix:** \_\_\_\_\_  
**Title:** General Manager  
**Organizational Affiliation:**  
\_\_\_\_\_

<b>* Telephone Number:</b> (805) 227-6392	<b>Fax Number:</b> (805) 227-6392
---	-----------------------------------

**\* Email:** johne@iranch.org

**Application for Federal Assistance SF-424**

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

New

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

Community Services District

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

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Catalog of Federal Domestic Assistance

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

10-766

**CFDA Title:**

Community Facilities Direct Loan Program

**\* 12. Funding Opportunity Number:**

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

State of California

Add Attachments

Delete Attachments

View Attachments

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

2013 Chip Seal Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

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

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

17. Proposed Project:  
\* a. Start Date:  \* b. End Date:

18. Estimated Funding (\$):

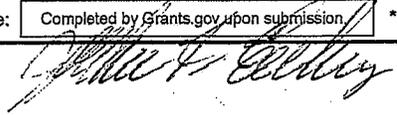
* a. Federal	<input type="text" value="\$529,606.00"/>
* b. Applicant	<input type="text" value="\$10,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$539,606.00"/>

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

\* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)  
 Yes  No  
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:   
Middle Name:   
\* Last Name:   
Suffix:   
\* Title:   
\* Telephone Number:  Fax Number:   
\* Email:

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


Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application	2. DATE SUBMITTED	Applicant Identifier
	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Downsville Fire Protection District

Organizational DUNS: 009473422

Address: Street: P.O. Box 25

City: Downsville, CA

County: Sierra

State: CA Zip Code: 95936

Country: Sierra

Organizational Unit: Department: Downsville Fire Protection District

Division: Downsville Fire Protection District

Name and telephone number of person to be contacted on matters involving this application (give area code):

Prefix: Middle Name: First Name: Leo

Last Name: Brown

Suffix:

Email: leo73@yahoo.com

Phone Number (give area code): (530) 289-2850

Fax Number (give area code):

RECEIVED

APR 03 2013

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0182058

7. TYPE OF APPLICANT: (See back of form for Application Types)

Other (specify): Fire District

8. NAME OF FEDERAL AGENCY: USDA Rural Development

9. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-762

10. TITLE (Name of Program): Community Programs

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To purchase a new ambulance for the Fire District.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Downsville

13. PROPOSED PROJECT: Start Date: 6/09 Ending Date: 6/8/10

14. CONGRESSIONAL DISTRICTS OF: a. Applicant: McClintock b. Project: Ambulance

15. ESTIMATED FUNDING:

a. Federal	\$	52,500
b. Applicant	\$	97,500
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	150,000

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:  
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 If "Yes" attach an explanation.  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.

19. Authorized Representative: Prefix: First Name: RONALD Middle Name: Suffix: Last Name: BROWN Title: FIRE CHIEF Signature of Authorized Representative: Date: 4/2/10

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

<b>1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. Type of Application:</b> * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* Other (Specify): <input type="text"/>
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<b>3. Date Received:</b> <input type="text"/>	<b>4. Applicant Identifier:</b> 0806-1519
--	--

RECEIVED

<b>5a. Federal Entity Identifier:</b> <input type="text"/>	<b>5b. Federal Award Identifier:</b> <input type="text"/>
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APR 03 2013

STATE CLEARING HOUSE

**State Use Only:**

<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>
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**8. APPLICANT INFORMATION:**

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

<b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94 0002123	<b>c. Organizational DUNS:</b> 124726725
--	---

**d. Address:**

\* Street1: 2150 Shattuck Avenue, Suite 300

Street2:

\* City: Berkeley

County: Alameda

\* State: CA

Province:

\* Country:

\* Zip / Postal Code: 94704-5940

**e. Organizational Unit:**

<b>Department Name:</b> College of Engineering	<b>Division Name:</b> <input type="text"/>
---	---

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

Prefix:  \* First Name: Noam

Middle Name:

\* Last Name: Pines

Suffix:

Title: Contract and Grant Officer

Organizational Affiliation:

\* Telephone Number: (510) 643-3881 Fax Number: (510) 642-8236

\* Email: npines@berkeley.edu

Application for Federal Assistance SF-424

B. Type of Applicant 1: Select Applicant Type:

I. State Controlled Institution of Higher Learning

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81 087

CFDA Title:

Energy Efficiency and Renewable Energy

\* 12. Funding Opportunity Number:

DE-FOA-0000806

\* Title:

Foundational Program to Advance Cell Efficiency II (FPACÉ II) - Model Systems

13. Competition Identification Number:

Title:

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

Berkeley California, and Empa Swiss Federal Laboratories for Material Science and Technology (Switzerland).

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

Towards 1V Open-Circuit Voltage with Ultra-Large Grain CIGS Absorbers.

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

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

17. Proposed Project:

\* a. Start Date: 09/01/2013

\* b. End Date: 08/31/2016

18. Estimated Funding (\$):

* a. Federal	4,800,000.00
* b. Applicant	1,200,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	6,000,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 03/20/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- 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 28, 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: Noam  
 Middle Name: \_\_\_\_\_  
 \* Last Name: Pines  
 Suffix: \_\_\_\_\_

\* Title: Contract and Grant Officer

\* Telephone Number: (510) 643-3891 \* Fax Number: (510) 642-8236

\* Email: spo\_grants\_gov@lists.berkeley.edu

\* Signature of Authorized Representative: *Noam Pines* \* Date Signed: 4/2/13

To: State Clearinghouse 12? Review  
Fax: (916) 223-3018

2026

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

1649

\* 5b. Federal Award Identifier:

State Use Only:

RECEIVED

6. Date Received by State:

7. State Application Identifier:

APR 03 2013

8. APPLICANT INFORMATION:

\* a. Legal Name:

City of Fresno Department of Transportation - FAX

STATE CLEARING HOUSE

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

946000338

\* c. Organizational DUNS:

169204872

d. Address:

\* Street1:

2223 G Street

Street2:

\* City:

Fresno

County/Parish:

\* State:

CA

Province:

\* Country:

USA

\* Zip / Postal Code:

93706

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Middle Name:

\* First Name:

Darlene

\* Last Name:

Christiansen

Suffix:

Title:

Grant Writer

Organizational Affiliation:

\* Telephone Number:

5596211469

Fax Number:

5594881065

\* Email:

darlene.christiansen@fresno.gov

**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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**\* 10. Name of Federal Agency:**

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

CFDA Title:

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**\* 12. Funding Opportunity Number:**

\* Title:

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**13. Competition Identification Number:**

Title:

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

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

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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:  \* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$6,766,719.00"/>
* b. Applicant	<input type="text" value="\$0.00"/>
* c. State	<input type="text" value="\$0.00"/>
* d. Local	<input type="text" value="\$1,691,681.00"/>
* e. Other	<input type="text" value="\$0.00"/>
* f. Program Income	<input type="text" value="\$0.00"/>
* g. TOTAL	<input type="text" value="\$8,458,400.00"/>

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

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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:   
Middle Name:   
\* Last Name:   
Suffix:   
\* Title:   
\* Telephone Number:  Fax Number:   
\* Email:   
\* Signature of Authorized Representative:  \* Date Signed:

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: The Regents of the University of California			<b>Organizational Unit:</b> Department: Research and Economic Development office		
Organizational DUNS: 627797426			Division: Sponsored Programs Administration		
<b>Address:</b> Street: 200 University Office Building			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Riverside			Prefix: Mr.		First Name: Robert
County: Riverside			Middle Name:		
State: CA			Last Name: Chan		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006142			Phone Number (give area code) (951) 827-7986		Fax Number (give area code) (951) 827-4483
<b>8. TYPE OF APPLICATION:</b> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) A. Increase Award      C. Increase Duration Other (specify):			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)  I. Public/State Controlled Institution/Higher Ed Hispanic Serving Institution Other (specify):		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10.652 Forestry Research Other (specify):			<b>9. NAME OF FEDERAL AGENCY:</b> USDA Forest Service		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> ALL			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Biological Control of Goldspotted Oak Borer		
<b>13. PROPOSED PROJECT</b> Start Date: 09/01/2011      Ending Date: 08/31/2014			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: CA-41      b. Project: CA-ALL		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	80,000	.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	41,600	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		.00		
e. Other	\$		.00		
f. Program Income	\$		.00		
g. TOTAL	\$	121600	0	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
<b>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.</b>					
a. Authorized Representative					
Prefix Mr.		First Name: Robert		Middle Name:	
Last Name: Chan			Suffix:		
b. Title: Senior Contract and Grant Officer			c. Telephone Number (give area code) (951) 827-7786		
Email: robert.chan@ucr.edu			Fax Number (give area code) (951) 827-4483		
d. Signature of Authorized Representative			e. Date Signed: 4/3/2013		

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

RECEIVED

\* 3. Date Received:

04/04/2013

4. Applicant Identifier:

MSI20131120Love

APR 04 2013

5a. Federal Entity Identifier:

NMFS-NOAA

\* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

\* a. Legal Name: The Regents of the University of California, Santa Barbara

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

956006145

\* c. Organizational DUNS:

094878394

d. Address:

\* Street1: 3227 Cheadle Hall

Street2: 3rd floor, MC 2050

\* City: Santa Barbara

County: Santa Barbara

\* State: CA; California

Province:

\* Country: USA; UNITED STATES

\* Zip / Postal Code: 93106-2050

e. Organizational Unit:

Department Name:

Office of Research

Division Name:

Marine Science Institute

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

Prefix:  \* First Name: Alexa

Middle Name:

\* Last Name: Greco

Suffix:

Title: Sponsored Projects Analyst

Organizational Affiliation:

The Regents of the University of California, Santa Barbara

\* Telephone Number: 805-893-3890

Fax Number: 805-893-2611

\* Email: greco@research.ucsb.edu

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

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

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

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Department of Commerce

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

11.472

**CFDA Title:**

Unallied Science Program

**\* 12. Funding Opportunity Number:**

NOAA-NMFS-FHQ-2013-2003634

**\* Title:**

2013 BREP

**13. Competition Identification Number:**

2416373

**Title:**

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

Affected\_Areas1003262451.pdf

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

Determining the Degree and Nature of Interactions Between Trawl Gear and Sea Pen Coral Colonies Off the West Coast of the United States

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:
a. Applicant CA-024
b. Program/Project CA-024

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

17. Proposed Project:
a. Start Date: 10/01/2013
b. End Date: 09/30/2014

Table with 2 columns: Funding Source and Amount. Rows include Federal (151,989.00), Applicant (0.00), State (0.00), Local (0.00), Other (0.00), Program Income (0.00), and TOTAL (151,989.00).

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 04/04/2013.
b. Program is subject to E.O. 12372 but has not been selected by the State for review.
c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix: First Name: Alexa
Middle Name:
Last Name: Greco
Suffix:
Title: Sponsored Projects Analyst
Telephone Number: 805-893-3890 Fax Number: 805-893-2611
Email: proposals@research.ucsb.edu
Signature of Authorized Representative: Alexa Greco Date Signed: 04/04/2013

Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED

APR 05 2013

STATE CLEARING HOUSE

5. APPLICANT INFORMATION		Organizational Unit:
Legal Name: Clearlake Oaks Co. Water District		Department:
Organizational DUNS: 03-8280053		Division:
Address: Street: 12952 E Hwy 20		Name and telephone number of person to be contacted on matters involving this application (give area code):
City: Clearlake Oaks		Prefix: First Name: Matt
County: Lake		Middle Name: James
State: CA Zip Code: 95423		Last Name: Bassett
Country: USA		Suffix:
		Email: m.bassett@docwd.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6050430	Phone Number (give area code): 707-998-3322	Fax Number (give area code): 707-998-1245
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify): Public Body
---	--

9. NAME OF FEDERAL AGENCY: USDARD
-----------------------------------

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water treatment plant repairs and improvements.
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Clearlake Oaks, Lake Co
--

13. PROPOSED PROJECT Start Date: July 2013 Ending Date: June 2014	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th Dist b. Project 5th Dist
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 2,814,900.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 2,814,900.00	

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. Authorized Representative		Prefix		First Name: Larry		Middle Name: Robert	
Last Name: Swift		Suffix:		c. Telephone Number (give area code): 707-998-3322		e. Date Signed: 4/2/13	
b. Title: General Manager		d. Signature of Authorized Representative: [Signature]					

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**RECEIVED**

APR 05 2013

**5. APPLICANT INFORMATION**

Legal Name: Clearlake Oaks Co. Water District  
 Organizational DUNS: 03-8280053  
 Address: 12952 E Hwy 20  
Clearlake Oaks  
 County: Lake  
 State: CA Zip Code: 95423  
 Country: USA

Organizational Unit: STATE CLEARING HOUSE  
 Department:  
 Division:  
 Name and telephone number of person to be contacted on matters involving this application (give area code)  
 Prefix: First Name: Matt  
 Middle Name: James  
 Last Name: Bassett  
 Suffix:  
 Email: m.bassett@docwd.org

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):** 94-6050430  
 Phone Number (give area code): 707-998-3322  
 Fax Number (give area code): 707-998-1245

**8. TYPE OF APPLICATION:**  
 New  Continuation  Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)  
 Other (specify):

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 Other (specify): Public Body

**9. NAME OF FEDERAL AGENCY:** USDARD

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 10-760  
 TITLE (Name of Program):

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Waste water treatment plant repairs & improvements

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Clearlake Oaks, Lake Co

**13. PROPOSED PROJECT**  
 Start Date: July 2013 Ending Date: June 2014

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant: 5th Dist b. Project: 5th Dist

**15. ESTIMATED FUNDING:**

a. Federal	\$	<u>2,137,650</u>	00
b. Applicant	\$		00
c. State	\$		00
d. Local	\$		00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	<u>2,137,650</u>	00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:  
 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 If "Yes" attach an explanation.  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. Authorized Representative**

Prefix: First Name: Larry Middle Name: Robert  
 Last Name: Swift Suffix:  
 b. Title: General Manager  
 c. Telephone Number (give area code): 707-998-3322  
 d. Signature of Authorized Representative: [Signature]  
 e. Date Signed: 4/2/13

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application.	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____	APR 05 2013
<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> STATE CLEARING HOUSE _____	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> City of Riverside		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-6000769	<b>* c. Organizational DUNS:</b> 040502114	
<b>d. Address:</b>		
<b>* Street1:</b> 3900 Main Street	_____	
<b>Street2:</b>	_____	
<b>* City:</b> Riverside	_____	
<b>County/Parish:</b> Riverside	_____	
<b>* State:</b> California	_____	
<b>Province:</b>	_____	
<b>* Country:</b>	USA: UNITED STATES	
<b>* Zip / Postal Code:</b> 92522	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Public Utilities	<b>Division Name:</b> Water Engineering	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Mrs.	<b>* First Name:</b> Jolene	
<b>Middle Name:</b>	_____	
<b>* Last Name:</b> Church	_____	
<b>Suffix:</b>	_____	
<b>Title:</b> Analyst		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 951-826-2127	<b>Fax Number:</b> 951-826-2498	
<b>* Email:</b> JChurch@riversideca.gov		

**Application for Federal Assistance SF-424**

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Bureau of Reclamation - Mid-Pacific Region

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

15.533

CFDA Title:

California Water Security and Environmental Enhancement

**\* 12. Funding Opportunity Number:**

R13AF20005

\* Title:

Bay-Delta Restoration Water Use Efficiency Grants: Agricultural Water Conservation and Efficiency Grants

**13. Competition Identification Number:**

Title:

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

See attachment

Add Attachment

Delete Attachment

View Attachment

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

Riverside Canal Rehabilitation Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="300,000"/>
* b. Applicant	<input type="text" value="1,321,350"/>
* c. State	<input type="text" value="0"/>
* d. Local	<input type="text" value="0"/>
* e. Other	<input type="text" value="0"/>
* f. Program Income	<input type="text" value="0"/>
* g. TOTAL	<input type="text" value="1,621,350"/>

**\* 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 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Question #14: Areas Affected by Project

- Riverside County
- Greater Riverside City areas
- Surrounding Communities
- Regional affect

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

[ ]

\* Other (Specify):

[ ]

\* 3. Date Received:

04/02/2013

4. Applicant Identifier:

[ ]

5a. Federal Entity Identifier:

[ ]

5b. Federal Award Identifier:

[ ]

**RECEIVED**

**APR 05 2013**

State Use Only:

6. Date Received by State:

[ ]

7. State Application Identifier:

G1398006

**STATE CLEARING HOUSE**

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

8083223580000

d. Address:

\* Street1:

1831 9TH STREET

Street2:

[ ]

\* City:

SACRAMENTO

County/Parish:

[ ]

\* State:

CA: California

Province:

[ ]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

**e. Organizational Unit:**

Department Name:

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:

JASON

Middle Name:

[ ]

\* Last Name:

WILLIAMS

Suffix:

[ ]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[ ]

\* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

\* Email:

jason.williams@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:

F13AS00077

\* 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.):

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENACNE - REGION 6 (W-76-D)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant 6

b. Program/Project 45, 51

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

[Empty field] [Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:

\* a. Start Date: 07/01/2013

\* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	1,020,624.00
* b. Applicant	0.00
* c. State	340,208.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,360,832.00

\* 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 04/02/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

[Empty field] [Add Attachment] [Delete Attachment] [View Attachment]

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: Mrs. \* First Name: LISA  
 Middle Name:  
 \* Last Name: BAYS  
 Suffix:

\* Title: STAFF SERVICES MANAGER I

\* Telephone Number: 916-445-3701 Fax Number: 916-327-6320

\* Email: lisa.bays@wildlife.ca.gov

\* Signature of Authorized Representative: Lisa Bays \* Date Signed: 04/02/2013

**Application for Federal Assistance SF-424**

* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	* Other (Specify)

* 3. Date Received:	4. Applicant Identifier:
<input type="text"/>	<input type="text"/>

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
<input type="text"/>	<input type="text"/>

**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
<input type="text"/>	<input type="text"/>

**8. APPLICANT INFORMATION:**

* a. Legal Name:	Spectrolab, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	9   5   6   5   0   9   2   4   3	
* c. Organizational DUNS:	00-826-2602	

RECEIVED  
APR 08 2013  
STATE CLEARING HOUSE

**d. Address:**

* Street1:	12500 Gladstone Avenue
Street2:	<input type="text"/>
* City:	Sylmar
County:	Los Angeles
* State:	California
Province:	<input type="text"/>
* Country:	USA
* Zip / Postal Code:	91342-5373

**e. Organizational Unit:**

Department Name:	Division Name:
<input type="text"/>	<input type="text"/>

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

Prefix:	<input type="text"/>	* First Name:	Linda
Middle Name:	<input type="text"/>		
* Last Name:	Schwartz		
Suffix:	<input type="text"/>		
Title:	<input type="text"/>		
Organizational Affiliation:	<input type="text"/>		

* Telephone Number:	(818) 898-2818	Fax Number:	(818) 361-5102
---------------------	----------------	-------------	----------------

* Email:	linda.m.schwartz@boeing.com
----------	-----------------------------

**Application for Federal Assistance SF-424**

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

M. Profit Organization

**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:**

81087

**CFDA Title:**

Renewable Energy Research and Development (B)

**\* 12. Funding Opportunity Number:**

DE-FOA-0000806

**\* Title:**

Foundational Program to Advance Cell Efficiency II (FPAGE II) - Model Systems

**13. Competition Identification Number:**

**Title:**

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

Sylmar, Los Angeles County, California; Golden, Jefferson County, Colorado; Santa Barbara, Santa Barbara County, California

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

High-Efficiency GaInNAsSb and Metamorphic GaInAs Single-Junction Solar Cells Approaching the Shockley-Queisser (SQ) Detailed Balance Limit for Low-Cost Solar Electricity Generation

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-029

\* b. Program/Project CA-226, DD-227, CA-224

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

17. Proposed Project:

\* a. Start Date: 10/01/2013

\* b. End Date: 09/30/2016

18. Estimated Funding (\$):

* a. Federal	3,584,703.00
* b. Applicant	901,749.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	4,486,452.00

\* 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 04/08/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: Linda

Middle Name:

\* Last Name: Schwartz

Suffix:

\* Title: Contract Manager

\* Telephone Number: (818) 898-2818 Fax Number: (818) 361-5102

\* Email: linda.m.schwartz@boeing.com

\* Signature of Authorized Representative: Linda Schwartz \* Date Signed: 04/08/2013

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

\_\_\_\_\_ RECEIVED

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_ APR 08 2013

8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

\* a. Legal Name:

Regents of the University of California

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

946036494

\* c. Organizational DUNS:

04-712-0084

d. Address:

\* Street1:

1850 Research Park Drive

\* Street2:

Suite 300

\* City:

Davis

\* County/Parish:

Yolo County

\* State:

California

\* Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95618-6158

e. Organizational Unit:

Department Name:

Computer Science

Division Name:

Engineering

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

Prefix:

\_\_\_\_\_

\* First Name:

Zhaojun

Middle Name:

\_\_\_\_\_

\* Last Name:

Bai

Suffix:

\_\_\_\_\_

Title:

Professor

Organizational Affiliation:

\_\_\_\_\_

\* Telephone Number:

530-752-4874

\* Fax Number:

\_\_\_\_\_

\* Email:

bai@ucdavis.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Bureau Of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act

\* 12. Funding Opportunity Number:

CESU/#3FC810873

\* Title:

Development of open-source LP/MILP solvers for CALSIM/CalLite

13. Competition Identification Number:

Title:

Development of open-source LP/MILP solvers for CALSIM/CalLite

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

Add Attachment

Delete Attachment

View Attachment

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

Development of open-source LP/MILP solvers for CALSIM/CalLite

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="340,000"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="340,000"/>

\* 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 in attachment.)

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

4-8-13

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify):  <input type="text"/></p>		
<p>* 3. Date Received:  <input type="text"/> Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier:  <input type="text"/></p>
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  <input type="text"/> RECEIVED</p>
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/> APR 09 2013</p>
<p>8. APPLICANT INFORMATION: STATE CLEARING HOUSE</p>		
<p>* a. Legal Name: <input type="text"/> Inland Empire Utilities Agency</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text"/> 956004609</p>		<p>* c. Organizational DUNS:  <input type="text"/> 043656206</p>
<p>d. Address:</p>		
<p>* Street1: <input type="text"/> 6075 Kimball Avenue</p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text"/> China</p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text"/> CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/> 91708-5174</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: <input type="text"/> Financial Planning</p>		<p>Division Name: <input type="text"/> Grants Administration</p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text"/> Mr. * First Name: <input type="text"/> Jason</p>		
<p>Middle Name: <input type="text"/> H.</p>		
<p>* Last Name: <input type="text"/> Gu</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> Grants Officer</p>		
<p>Organizational Affiliation:  <input type="text"/> Inland Empire Utilities Agency Employee</p>		
<p>* Telephone Number: <input type="text"/> 909-993-1636</p>		<p>Fax Number: <input type="text"/> 909-993-1986</p>
<p>* Email: <input type="text"/> jgu@ieua.org</p>		

Application for Federal Assistance SF-424

Version 02

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 - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.533

CFDA Title:

California Water Security and Environmental Enhancement

\* 12. Funding Opportunity Number:

R13AF20005

\* Title:

Bay-Delta Restoration Program: Agricultural Water Conservation and Efficiency Grants

13. Competition Identification Number:

NONE

Title:

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

City of Chino, County of San Bernardino, State of California

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

Cal Poly Farm Local Lateral Recycled Water Connection

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

List of Congressional Districts

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="210,000.00"/>
* b. Applicant	<input type="text" value="210,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="420,000.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: Solar Sonoma County	Organizational Unit: Department:
Organizational DUNS: 024869642	Division:
Address: Street: 1300 Valley House Drive, Suite 100-5	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. Alison First Name: Alison
City: Rohnert Park	Middle Name
County: Sonoma	Last Name Healy
State: Ca	Suffix:
Zip Code 94928	Email: alison@solarsonomacounty.org

RECEIVED

APR 11 2013

STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

30-0508907

**8. TYPE OF APPLICATION:**

New  Continuation  Revision

If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify)

**7. TYPE OF APPLICANT: (See back of form for Application Types)**

Non-profit Organization (o)  
Other (specify)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

10-769

TITLE (Name of Program):  
rural Business Enterprise Grant

**9. NAME OF FEDERAL AGENCY:**

U.S. Department of Agriculture

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Solar workforce training for Napa, Sonoma and Marin's underserved community members.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**

Cities, Counties

**13. PROPOSED PROJECT**

Start Date: 8/1/13  
Ending Date: 9/1/13

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant 2nd District  
b. Project 2nd District

**15. ESTIMATED FUNDING:**

a. Federal	\$	60,000.00
b. Applicant	\$	20,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	25,000.00
g. TOTAL	\$	105,000.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

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 If "Yes" attach an explanation.  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. Authorized Representative**

Prefix Ms.	First Name Alison	Middle Name
Last Name Healy	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) (707) 664-6488	
d. Signature of Authorized Representative <i>Alison Healy</i>	e. Date Signed 04/26/2013	

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction		

## 5. APPLICANT INFORMATION

Legal Name: Solar Sonoma County	Organizational Unit: Department:
Organizational DUNS: 024869642	Division:
Address: Street: 1300 Valley House Drive, Suite 100-5	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Alison
City: Rohnert Park	Middle Name
County: Sonoma	Last Name Healy
State: Ca	Suffix:
Country: USA	Email: alison@solarsonomacounty.org

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

3 0 - 0 5 0 8 9 0 7	Phone Number (give area code) (707) 664-6489	Fax Number (give area code)
---------------------	---	-----------------------------

## 8. TYPE OF APPLICATION:

New     Continuation     Revision

If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify)       

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 9

TITLE (Name of Program):  
rural Business Enterprise Grant

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Cities, Counties

## 13. PROPOSED PROJECT

Start Date: 8/1/13	Ending Date: 9/1/13
-----------------------	------------------------

## 15. ESTIMATED FUNDING:

a. Federal	\$	60,000 <sup>00</sup>
b. Applicant	\$	20,000 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	25,000 <sup>00</sup>
g. TOTAL	\$	105,000 <sup>00</sup>

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  
 Yes If "Yes" attach an explanation.     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. Authorized Representative Prefix Ms. First Name Alison Middle Name	
Last Name Healy Suffix	
b. Title Executive Director	c. Telephone Number (give area code) (707) 664-6488
d. Signature of Authorized Representative <i>Alison Healy Exec. Dir.</i>	e. Date Signed 04/26/2013

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
	<input type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: City of Woodlake	Organizational Unit: Department: Public Works
Organizational DUNS: 169200177	Division:
Address: Street: 350 N. Valencia Blvd	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs First Name: Monique
City: Woodlake	Middle Name
County: Tulare	Last Name Mello
State: California	Suffix: P.E.; City Engineer
Zip Code 93286	Email: moniquem@quadknopf.com
Country: USA	

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

94-6000458

Phone Number (give area code): 559-733-0440  
Fax Number (give area code): 559-733-7821

**8. TYPE OF APPLICATION:**

New  Continuation  Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

**7. TYPE OF APPLICANT:** (See back of form for Application Types)

City or Township Government  
Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
USDA Rural Development

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

10-760

TITLE (Name of Program):

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Improvements to the Community Water System including a) installation of Supervisory Control and Data Acquisition system for water production, b) installation of new and conversion of existing water meters utilizing SMART meters, and c) construction of a new domestic water well and appurtenances.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
City of Woodlake

**13. PROPOSED PROJECT**

Start Date: 05/01/2013  
Ending Date: 05/01/2014

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 21st  
b. Project 21st

**15. ESTIMATED FUNDING:**

a. Federal	\$	4,163,714.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	4,163,714.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:

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 If "Yes" attach an explanation.  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. Authorized Representative

Prefix Mr	First Name Ramon	Middle Name
Last Name Lara	Suffix	
b. Title City Administrator	c. Telephone Number (give area code) 559-564-8055	
d. Signature of Authorized Representative <i>Ramon Lara</i>	e. Date Signed 04/04/2013	

**RECEIVED**  
APR 11 2013  
STATE CLEARING HOUSE

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

<b>Application for Federal Assistance SF-424</b>		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="04/11/2013"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
<b>RECEIVED</b> <b>APR 11 2013</b> <b>STATE CLEARING HOUSE</b>		
State Use Only: 6. Date Received by State: <input type="text"/>		
7. State Application Identifier: <input type="text" value="G1398040"/>		
<b>6. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="STATE OF CALIFORNIA"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1697567"/>	* c. Organizational DUNS: <input type="text" value="8083223580000"/>	
d. Address: * Street1: <input type="text" value="1831 9TH STREET"/> Street2: <input type="text"/> * City: <input type="text" value="SACRAMENTO"/> County/Parish: <input type="text"/> * State: <input type="text" value="CA: California"/> Province: <input type="text"/> * Country: <input type="text" value="USA: UNITED STATES"/> * Zip / Postal Code: <input type="text" value="95611-7011"/>		
e. Organizational Unit: Department Name: <input type="text" value="FISH AND WILDLIFE"/> Division Name: <input type="text" value="GRANTS MANAGEMENT BRANCH"/>		
f. Name and contact information of person to be contacted on matters involving this application: Prefix: <input type="text"/> * First Name: <input type="text" value="PETE"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="MARCELLANA"/> Suffix: <input type="text"/> Title: <input type="text" value="GRANT ADMINISTRATOR"/> Organizational Affiliation: <input type="text"/> * Telephone Number: <input type="text" value="916-445-4658"/> Fax Number: <input type="text"/> * Email: <input type="text" value="PETE.MARCELLANA@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:

F13AS00081

\* 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.):

Add Attachment

Delete Attachment

View Attachment

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

CALIFORNIA FISH SCREENS AND FISH PASSAGE PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-005

b. Program/Project ALL

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2013

\* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	208,646.00
* b. Applicant	0.00
* c. State	69,549.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	278,195.00

\* 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 04/11/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: SSMI

\* Telephone Number: 916-445-3701 Fax Number:

\* Email: LISA.BAYS@WILDLIFE.CA.GOV

\* Signature of Authorized Representative: Lisa Bays \* Date Signed: 04/11/2013

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="04/11/2013"/>	4. Applicant Identifier: <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text" value="APR 12 2013"/>	
<b>State Use Only: STATE CLEARING HOUSE</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text" value="01398018"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="STATE OF CALIFORNIA"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1697567"/>	* c. Organizational DUNS: <input type="text" value="8083223580000"/>	
<b>d. Address:</b>		
* Street1: <input type="text" value="1831 9TH STREET"/>	Street2: <input type="text"/>	
* City: <input type="text" value="SACRAMENTO"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="95811-7011"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text" value="FISH AND WILDLIFE"/>	Division Name: <input type="text" value="GRANTS MANAGEMENT BRANCH"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="JASON"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="WILLIAMS"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="GRANT ADMINISTRATOR"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="916-327-0062"/>	Fax Number: <input type="text" value="916-327-6320"/>	
* Email: <input type="text" value="jason.williams@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:

F13AS00077

\* 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.):

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - WATERFOWL PROGRAM (W-69-R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="272,828.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="90,943.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="363,771.00"/>

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

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

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

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table border="0"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify): _____</td> </tr> </table>			* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____			
* 3. Date Received: 04/11/2013	4. Applicant Identifier: _____				
5a. Federal Entity Identifier: _____		* 5b. Federal Award Identifier: APR 12 2013			
State Use Only:		STATE CLEARING HOUSE			
6. Date Received by State: _____	7. State Application Identifier: G1398038				
<b>B. APPLICANT INFORMATION:</b>					
* a. Legal Name: STATE OF CALIFORNIA					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 008322350				
<b>d. Address:</b>					
* Street1:	1831 9TH STREET				
* Street2:	_____				
* City:	SACRAMENTO				
* County:	_____				
* State:	CA: California				
* Province:	_____				
* Country:	USA: UNITED STATES				
* Zip / Postal Code:	95811				
<b>e. Organizational Unit:</b>					
Department Name:	Division Name:				
FISH AND WILDLIFE	GRANT MANAGEMENT BRANCH				
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:	* First Name:	KHANH			
Middle Name:	_____				
* Last Name:	NGUYEN				
Suffix:	_____				
Title:	GRANT ADMINISTRATOR				
Organizational Affiliation: _____					
* Telephone Number:	(916) 445-3525	Fax Number: _____			
* Email:	khanh.nguyen@wildlife.ca.gov				

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

**Version 02**

**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:**

F13AS00117

**\* Title:**

Sport Fish Restoration Grant Program

**13. Competition Identification Number:**

**Title:**

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

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

NORTHERN REGION STREAM AND LAKE IMPROVEMENT (FISHERIES ASSESSMENT)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-005	* b. Program/Project ALL
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	07/01/2012	* b. End Date: 06/30/2013
<b>18. Estimated Funding (\$):</b>		
* a. Federal	230,048.00	
* b. Applicant	0.00	
* c. State	76,683.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	306,731.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 04/11/2013		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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)</b>		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
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: 04/11/2013

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

APPLICATION FOR FEDERAL ASSISTANCE

Version: 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

6. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: The Watershed Research and Training Center		Department:	
Organizational DUNS: 171854052		Division:	
Address: Street: P.O. Box 356		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Hayfork		Prefix:	First Name: Angie
County: Trinity		Middle Name	
State: CA		Last Name Lofles	
Country: USA		Suffix:	

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THE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3116338		Email: am932@humboldt.edu	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Phone Number (give area code) 530-628-4206	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Fax Number (give area code) 530-628-5100	
Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types)	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: USDA, Rural Development	
TITLE (Name of Program): Rural Business Enterprise Grant Program (RBEG)		14. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Trinity Wood and Energy Campus	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): The Cities of Hayfork, Hyampom and Weaverville, in Trinity County, CA		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: July 1, 2013	Ending Date: March 31, 2013	a. Applicant District 2 - Wally Herger	b. Project District 2 - Wally Herger

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 57,500.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/15/13	
b. Applicant	\$ 15,700.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other Enterprise Zone	\$ .00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 73,200.00		

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. Authorized Representative			
Prefix	First Name Nick	Middle Name	
Last Name Goulette	Suffix		
b. Title Executive Director	c. Telephone Number (give area code) 530-628-4206		
d. Signature of Authorized Representative	e. Date Signed 4/15/13		