

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1 - 15, 2014**. 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		* 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	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision			

* 3. Date Received: _____ 4. Application Identifier: _____

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: County of Sutter	* c. Organizational DUNS: 076123488
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000542	

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APR 01 2014

STATE CLEARING HOUSE

d. Address:

* Street1: 1130 Civic Center Blvd Suite G
Street 2: _____
* City: Yuba City
County: Sutter
* State: CA
Province: _____
Country: USA *Zip/ Postal Code: 95993

e. Organizational Unit:

Department Name: Development Services	Division Name: Airports
------------------------------------------	----------------------------

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

Prefix: _____ First Name: Neal
Middle Name: Patrick
* Last Name: Hay
Suffix: _____

Title: Senior Civil Engineer

Organizational Affiliation:

* Telephone Number: 530-822-7450	Fax Number: 530-822-7457
* Email: nhay@co.sutter.ca.us	

Application for Federal Assistance SF-424

Version 02

*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)
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*3. Date Received:	4. Application Identifier:
---------------------------	-----------------------------------

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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APR 01 2014
STATE CLEARING HOUSE

State Use Only:	6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

*** a. Legal Name:** The Regents of the University of California, on behalf of its Riverside campus

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142W	*c. Organizational DUNS: 627797426
------------------------------------------------------------------------------	----------------------------------------------

d. Address:

***Street1:** 200 University Office Building
Street 2:
***City:** Riverside
County:
***State:** CA
Province:
Country: ***Zip/ Postal Code:** 92521-0217

e. Organizational Unit:

Department Name: Sponsored Programs Administration	Division Name:
--------------------------------------------------------------	-----------------------

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

Prefix: Mr. **First Name:** Robert
Middle Name:
***Last Name:** Chan
Suffix:

Title: Sr. Contract & Grant Officer

Organizational Affiliation:

***Telephone Number:** (951) 827-7986 **Fax Number:** (951) 827-4483

***Email:** rchan@ucr.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

APHIS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number: 10.025

*Title:

Cooperative Agreement; Animal and Plant Health Inspection Service; Plant Protection and Quarantine; Science and Technology

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

Thrips molecular identification to examine Frankliniella spp. in a cut flower pathway

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-041

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 01/01/14

*b. End Date: 12/31/14

18. Estimated Funding (\$):

*a. Federal	\$68,810.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$68,810.00

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Robert

Middle Name:

*Last Name: Chan

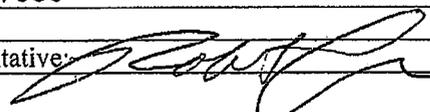
Suffix:

*Title: Sr. Contract & Grant Officer

*Telephone Number: (951) 827-7986

Fax Number: (951) 827-4483

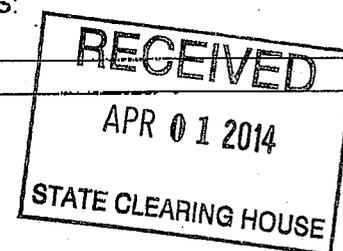
*Email: rchan@ucr.edu

*Signature of Authorized Representative: 

Date Signed: 4/01/2014

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"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
* 3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: County of Sutter			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000542		* c. Organizational DUNS: 076123488	
* d. Address:			
* Street1: 1130 Civic Center Blvd Suite G			
Street 2:			
* City: Yuba City			
County: Sutter			
* State: CA			
Province:			
Country: USA		* Zip/ Postal Code: 95993	
e. Organizational Unit:			
Department Name: Development Services		Division Name: Airports	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		First Name: Neal	
Middle Name: Patrick			
* Last Name: Hay			
Suffix:			
Title: Senior Civil Engineer			
Organizational Affiliation:			
* Telephone Number: 530-822-7450		Fax Number: 530-822-7457	
* Email: nhay@co.sutter.ca.us			



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: B. County Government

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

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

* Other (specify):

* 10. Name of Federal Agency:

Department of Transportation, Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number: 3-06-0282-09

Title: Airport Improvement Program

13. Competition Identification Number:

Title:

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

Yuba City, Sutter County

* 15. Descriptive Title of Applicant's Project:

Airport Taxiway and Shouldering Improvements

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: California

* a. Applicant CA-003

* b. Program/Project: CA-003

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

17. Proposed Project:

* a. Start Date: September 2014

* b. End Date: October 2014

18. Estimated Funding (\$):

*a. Federal	\$135,000.00
*b. Applicant	\$8,250.00
*c. State	\$6,750.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$150,000.00

***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 04/01/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

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: Megan

Middle Name:

*Last Name: Greve

Suffix:

*Title: Director of General Services

*Telephone Number: 530-822-7410

Fax Number: 530-822-7249

*Email: mgreve@co.sutter.ca.us

*Signature of Authorized Representative: *Megan M. Greve* Date Signed: 4/1/2014

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input 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="03/31/2014"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Carmen Herrera Mansir"/>	* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-2656046"/>	
	* c. Organizational DUNS: <input type="text" value="3630103150000"/>	
d. Address:		
* Street1: <input type="text" value="23 E. Beach St. #209"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Watsonville"/>	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="95076"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
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="Carmen"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Herrera Mansir"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Executive Director"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="8317221224 Ext. 14"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="cherrera@elpajarocdc.org"/>		

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Application for Federal Assistance SF-424

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

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

U.S Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10-783

CFDA Title:

*** 12. Funding Opportunity Number:**

RDB-09-RBE6-ARRA

*** Title:**

Rural Business Enterprise Grant

13. Competition Identification Number:

Title:

Rural Micro-enterprise Assistance Program

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Business Education and Micro-Lending Program (BEMLP) to provide essential comprehensive business education, business development training, technical assistance, and access to capital small,rural

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 S. Far

* b. Program/Project S. Far

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

[Empty text box for additional list of districts]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/1/2014

* b. End Date: 9/30/2015

18. Estimated Funding (\$):

* a. Federal	50,000.00
* b. Applicant	50,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	100,000.00

* 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 in attachment.)

Yes No

If "Yes", provide explanation and attach

[Empty text box for explanation]

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: Carmen

Middle Name: []

* Last Name: Herrera Mansir

Suffix: []

* Title: Executive Director

* Telephone Number: 8317221224 ext. 15 Fax Number: []

* Email: cherrera@elpajarocdc.org

* Signature of Authorized Representative: [Handwritten Signature]

* Date Signed: 3/31/2014

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): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT	_____	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0282563	* c. Organizational DUNS: 786808394	
d. Address:		
* Street1: 1990 E. Gettysburg Avenue	_____	
Street2: _____	_____	
* City: Fresno	_____	
County: _____	_____	
* State: CA; California	_____	
Provinces: _____	_____	
* Country: _____	USA; UNITED STATES	
* Zip / Postal Code: 93728-0244	_____	
e. Organizational Unit:		
Department Name: Administration	Division Name: Administrative Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Nai	
Middle Name: _____	_____	
* Last Name: See/ee	_____	
Suffix: _____	_____	
Title: Accountant I	_____	
Organizational Affiliation: _____		
* Telephone Number: (559) 230-6128	Fax Number: (559) 230-6063	
* Email: nai.seelee@valleyair.org		

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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:**

EPA - Region 9

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Special Purpose Activities Relating to the Clean Air Act

*** 12. Funding Opportunity Number:**

*** Title:**

FY-14 nationwide fine particulate (PM2.5) monitoring network

13. Competition Identification Number:

Title:

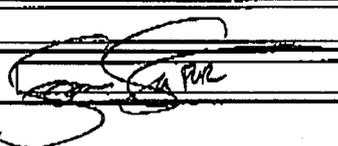
14. Areas Affected by Project (Cities, Counties, States, etc.):

Counties: Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare

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

San Joaquin Valley APCD FY-14 PM2.5 Monitoring Grant

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-021	* b. Program/Project CA-021
Attach an additional list of Program/Project Congressional Districts if needed. CA-011, CA-018, CA-019, CA-020, CA-022	
17. Proposed Project:	
* a. Start Date: 4/01/2014	* b. End Date: 3/31/2015
18. Estimated Funding (\$):	
* a. Federal	\$137,600.00
* b. Applicant	-
* c. State	-
* d. Local	-
* e. Other	-
* f. Program Income	-
* g. TOTAL	\$137,600.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input checked="" 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.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 21A, Section 1001)	
<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.	
Authorized Representative:	
Prefix: Mr.	* First Name: Seyed
Middle Name:	
* Last Name: Sadredin	
Suffix:	
* Title: Executive Director / A.P.C.O.	
* Telephone Number: (559) 230-6000	Fax Number:
* Email: seyed.sadredin@valleyair.org	
* Signature of Authorized Representative: 	* Date Signed: 03/31/2014

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	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	
5. APPLICANT INFORMATION					
Legal Name: Stratford Public Utility District			Organizational Unit: Department: N/A		
Organizational DDNS:			Division: N/A		
Address: Street: 19681 Railroad			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: James		
City: Stratford			Middle Name H.		
County: Kings			Last Name Wegley		
State: CA		Zip Code 93266		Suffix: APR 02 2014	
Country: USA			Email: kelweg1@aol.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6034933			Phone Number (give area code) 559-732-7938		Fax Number (give area code) 559-732-7937
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.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program 10-760			9. NAME OF FEDERAL AGENCY: United States Dept. of Agriculture-RD		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Facility Improvement Project		
13. PROPOSED PROJECT Start Date: December 2014 Ending Date: March 2016			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,029,100	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	\$	0	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	4,000,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$		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.		
g. TOTAL	\$	5,029,100	a. Authorized Representative		
			Prefix Mr. First Name Jeff Middle Name		
			Last Name Gonzalez Suffix		
			b. Title President c. Telephone Number (give area code) 559-947-3037		
			d. Signature of Authorized Representative a. Date Signed 1-8-14		

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STATE CLEARING HOUSE

Previous Edition Usable -
Authorized for Local Reproduction

Standard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102

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): _____ * Other (Specify) _____	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: Install and Outfit Replacement Well			
5a. Federal Entity Identifier: _____			* 5b. Federal Award Identifier: _____		
RECEIVED APR 02 2014 STATE CLEARING HOUSE					
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
8. APPLICANT INFORMATION:					
* a. Legal Name: Poplar Community Service District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2801490			* c. Organizational DUNS: 827575861		
d. Address:					
* Street 1: P.O. Box 3849					
Street 2: _____					
* City: Porterville					
County/Parish: Tulare					
* State: CA					
Province: _____					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 93258					
e. Organizational Unit:					
Department Name: _____			Division Name: _____		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		* First Name: James			
Middle Name: A.		_____			
* Last Name: Blair		_____			
Suffix: _____		_____			
Title: Civil Engineer					
Organizational Affiliation: _____					
* Telephone Number: (559) 732-7938		Fax Number: _____			
* Email: kelweg1@aol.com					

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Special District Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

10.763

* Title:

Emergency Community Water Assistance Grant

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

Install and outfit a replacement well

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

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

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

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

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): _____ * Other (Specify) _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: Repair Existing Middle Well	RECEIVED
------------------------------------------------------------------------	----------------------------------------------------------------	-----------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: APR 02 2014
------------------------------------------------	-------------------------------------------------------

State Use Only: STATE CLEARING HOUSE

6. Date Received by State: _____	7. State Application Identifier: _____
-----------------------------------------	-----------------------------------------------

8. APPLICANT INFORMATION:

*** a. Legal Name:** Poplar Community Service District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2801490	* c. Organizational DUNS: 827575861
------------------------------------------------------------------------------	-----------------------------------------------

d. Address:

*** Street 1:** P.O. Box 3849
Street 2: _____
*** City:** Porterville
County/Parish: Tulare
*** State:** CA
Province: _____
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 93258

e. Organizational Unit:

Department Name: _____	Division Name: _____
----------------------------------	--------------------------------

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

Prefix: Mr. *** First Name:** James
Middle Name: A.
*** Last Name:** Blair
Suffix: _____

Title: Civil Engineer

Organizational Affiliation:

*** Telephone Number:** (559) 732-7938 **Fax Number:** _____

*** Email:** kelweg1@aol.com

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Special District Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

10.763

* Title:

Emergency Community Water Assistance Grant

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

Repair existing well.

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 Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$150,000.00"/>
* b. Applicant	<input type="text" value="\$28,000.00"/>
* 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="\$178,000.00"/>

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

If "Yes", provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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 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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

APR 02 2014

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:

Lake of the Woods Mutual Water Company

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

95-2266164

* c. Organizational DUNS:

112738778

d. Address:

* Street 1:

7025 Cuddy Valley Road # F

Street 2:

* City:

Frazier Park

County/Parish:

Kern

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93225

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

* First Name:

Robert

Middle Name:

* Last Name:

Stowell

Suffix:

Title:

President, Lake of the Woods Mutual Water Company

Organizational Affiliation:

Boardmember

* Telephone Number:

(661) 245-1448

Fax Number:

(661) 245-4402

* Email:

lown20@razmtn.com

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Not for Profit, Mutual Water Company

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-763

CFDA Title:

Emergency and Imminent Community Water Assistance Grants

* 12. Funding Opportunity Number:

* Title:

Lake of the Woods Emergency Water Supply Project

13. Competition Identification Number:

Title:

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

Lake of the Woods MWC, Kern County, CA

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Emergency Water Supply Project. Hydrological and engineering work, drill new wells, install well equipment, improve existing water supplies, water main connections to supply water, transported potable water supply, replace tanks and water mains and other improvements as needed to address the water supply emergency.

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: <input type="text" value="23"/>	* b. Program/Project: <input type="text" value="23"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	
17. Proposed Project:	
* a. Start Date: <input type="text" value="03/20/14"/>	* b. End Date: <input type="text" value="03/20/14"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="500,000"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="240,000"/>
* d. Local	<input type="text" value="97,320"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="837,320"/>
19. Application Subject to Review By State Under Executive Order 12372 Process:	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<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.	
20. Is the Applicant in Default of Any Federal Debt? (If Yes, provide explanation)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes, provide explanation and attach.	
<input type="text"/> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	
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)	
<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.	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Robert"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Stowell"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="President, Lake of the Woods Mutual Water Company"/>	
* Telephone Number: <input type="text" value="(661) 245-1148"/>	Fax Number: <input type="text" value="(661) 245-4402"/>
* Email: <input type="text" value="rjw1202@razin.com"/>	
* Signature of Authorized Representative: <i>Robert Stowell</i>	* Date Signed: <i>3/26/14</i>

Application for Federal Assistance SF-424 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):</p> <p>Indian Dispute Resolution</p> <p>* Other (Specify):</p> <p>1325 Howe Ave., Suite 201</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

<p>* 3. Date Received:</p> <input type="text"/>	<p>4. Applicant Identifier:</p> <input type="text" value="04-02-2014"/>	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;"> RECEIVED APR 02 2014 STATE CLEARING HOUSE </div>
-------------------------------------------------	-------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="94-3145119"/>	<p>* c. Organizational DUNS:</p> <input type="text" value="849671375"/>
--------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

d. Address:

* Street 1:	<input type="text" value="1325 Howe Ave."/>
Street 2:	<input type="text" value="Suite 201"/>
* City:	<input type="text" value="Sacramento"/>
County:	<input type="text" value="Sacramento"/>
* State:	<input type="text" value="CA"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="95825"/>

e. Organizational Unit:

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

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

Prefix:	<input type="text" value="Mr."/>	* First Name:	<input type="text" value="Steven"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Haberfeld"/>		
Suffix:	<input type="text"/>		

Title:

Organizational Affiliation:

<p>* Telephone Number: <input type="text" value="(916) 482-5800"/></p>	<p>Fax Number: <input type="text" value="(916) 482-5808"/></p>
------------------------------------------------------------------------	----------------------------------------------------------------

* Email:

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1 - Select Applicant Type: M: Nonprofit with 501C3 IRS Status (other than Institution of Higher Education)	
Type of Applicant 2- Select Applicant Type: 	
Type of Applicant 3- Select Applicant Type: 	
* Other (specify): 	
* 10. Name of Federal Agency: NGMS Agency USDA, Rural Development	
11. Catalog of Federal Domestic Assistance Number: 10.769 CFDA Title: Rural Business Enterprise Grant	
* 12. Funding Opportunity Number: MBL-SF424 FAMILY-ALL FORMS * Title: MBL-SF424 FAMILY - ALL FORMS Rural Business Enterprise Grant	
13. Competition Identification Number: Title: 	
14. Areas Affected by Project (Cities, Counties, States, etc.): Tuolumne City, California	
* 15. Descriptive Title of Applicant's Project: Tuolumne Me-Wuk Tribe Micro-Enterprise Development Project	
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 * 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="\$37,430.00"/>
* b. Applicant	<input type="text" value="\$13,763.00"/>
* 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="\$51,193.00"/>

*** 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 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: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	RECEIVED
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	APR 03 2014
STATE CLEARING HOUSE		
State Use Only:	6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Sacramento-San Joaquin Delta Conservancy"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="01-096-7313"/>	* c. Organizational DUNS: <input type="text" value="9649891930000"/>	
d. Address:		
* Street1:	<input type="text" value="1450 Halyard Drive"/>	
Street2:	<input type="text" value="Suite 600"/>	
* City:	<input type="text" value="West Sacramento"/>	
County/Parish:	<input type="text" value="Yolo"/>	
* 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="95691-5038"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Kathryn"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Kynett"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Environmental Scientist"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="916-376-4024"/>	Fax Number: <input type="text" value="916-375-4948"/>	
* Email: <input type="text" value="Kathryn.Kynett@deltaconservancy.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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:
Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG9-WP-14

* Title:
FY14 Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Areas Affected by Project.pdf

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

"Visualizing and Sharing Intensive Data Assessments": A Project to Leverage Current Investments for Responsive Decision-Making in the Delta

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="250,000.00"/>
* b. Applicant	<input type="text" value="40,250.00"/>
* c. State	<input type="text" value="6,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="37,250.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="333,500.00"/>

*** 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 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

APR 03 2014

STATE CLEARING HOUSE

*** 3. Date Received:**

04/01/2014

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:**

California State Coastal Conservancy

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

94-3169468

*** c. Organizational DUNS:**

8083224080000

d. Address:

*** Street1:**

1330 Broadway, Suite 1300

Street2:

*** City:**

Oakland

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94612-2530

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:**

Megan

Middle Name:

*** Last Name:**

Cooper

Suffix:

Title:

Organizational Affiliation:

*** Telephone Number:**

(510) 286-4172

Fax Number:

*** Email:**

mcooper@bcc.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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG9-WP-14

*** Title:**

FY14 Region 9 Wetland Program Development Grants

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:**

Southern California Wetlands Recovery Project - Regional Strategy Update and In-Lieu Fee Program Development

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	13
* b. Program/Project	CA-24
Attach an additional list of Program/Project Congressional Districts if needed.	
Congressional Districts.docx	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date:	09/01/2014
* b. End Date:	09/01/2017
18. Estimated Funding (\$):	
* a. Federal	324,868.00
* b. Applicant	142,206.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	467,094.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	04/01/2014
<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.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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)	
<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.	
Authorized Representative:	
Prefix:	* First Name: Mary
Middle Name:	
* Last Name:	Small
Suffix:	
* Title:	Deputy Executive Officer
* Telephone Number:	(510) 286-4181
Fax Number:	
* Email:	msmall@ccc.ca.gov
* Signature of Authorized Representative:	Manlyn Latta
* Date Signed:	04/01/2014

Application for Federal Assistance SF-424

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input 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): _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

RECEIVED

* 3. Date Received: _____	4. Applicant Identifier: _____
------------------------------	-----------------------------------

APR 03 2014

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: Gordon Acres Water Company Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): _____	* c. Organizational DUNS: 3633456250000

d. Address:

* Street1: PO Box 1035
Street2: _____
* City: Lucerne Valley
County/Parish: San Bernardino
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92356

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: James
Middle Name: F.	_____
* Last Name: Owens	_____
Suffix: P.E.	_____
Title: Consulting Engineer	_____
Organizational Affiliation: NV5, Consulting Engineer for Center Water Company, Inc.	_____
* Telephone Number: 858-385-0500 x 187	Fax Number: 858-385-0400
* Email: james.owens@nv5.com	_____

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Mutual Water Company

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**

* Title:

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:**

2015 USDA Water System Improvements

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"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="1,400.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,400.00"/>

*** 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

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:

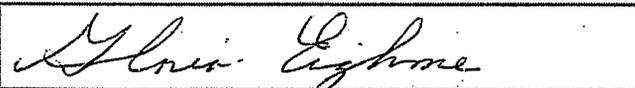
* Last Name:

Suffix:

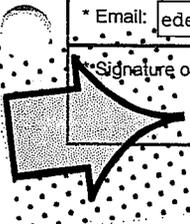
* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED April 1, 2014	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit: Department:
Organizational DUNS: 0980864240000	Division:
Address: Street: 738 North Market Boulevard	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Lorenda
City: Sacramento	Middle Name: T.
County: Sacramento	Last Name: Sanchez
State: California	Zip Code: 95834-1206
Country: USA	Email: lornedas@cimcinc.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2472564	Phone Number (give area code): 916-920-0285	Fax Number (give area code): 916-641-6338
---------------------------------------------------------------	------------------------------------------------	----------------------------------------------

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) M: Nonprofit with 501c3 IRS Status Other (specify) k: Indian/Native American Tribally Designated Organization
Other (specify)	9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE (Name of Program): Rural Business Enterprise Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business finance and entrepreneur training for Native Americans
------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California

13. PROPOSED PROJECT Start Date: July 2014 Ending Date: June 2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CA-5th b. Project: State of California
--------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 128,541.00 b. Applicant \$ 20,000.00 c. State \$.00 d. Local \$ 0.00 e. Other \$ 0.00 f. Program Income \$ 0.00 g. TOTAL \$ 148,541.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 2, 2014 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> 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: Lorenda	Middle Name: T.
Last Name: Sanchez		Suffix:
b. Title: Executive Director		c. Telephone Number (give area code): 916-920-0285
d. Signature of Authorized Representative: <i>Lorenda Sanchez</i>		e. Date Signed: April 1, 2014

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 1, 2014	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department:	
Organizational DUNS: 0980864240000		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 738 North Market Boulevard		Prefix: Ms.	First Name: Lorenda
City: Sacramento		Middle Name T.	
County: Sacramento		Last Name Sanchez	
State: California	Zip Code 95834-1206	Suffix:	
Country: USA		Email: lornedas@cimcinc.com	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2472564	Phone Number (give area code) 916-920-0285	Fax Number (give area code) 916-641-6338
---------------------------------------------------------------	-----------------------------------------------	---------------------------------------------

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.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) M: Nonprofit with 501c3 IRS Status Other (specify) k: Indian/Native American Tribally Designated Organization
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Entrepreneurial training for Native Americans
---------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California	9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture
-----------------------------------------------------------------------------------------------	---------------------------------------------------------------------

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: July 2014	a. Applicant CA-5th
Ending Date: June 2015	b. Project CA-1, 2, 4, 19, 20, 22, 25

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 144,527.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 2, 2014
b. Applicant \$ 20,000.00	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 \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.00	
g. TOTAL \$ 164,527.00	

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.

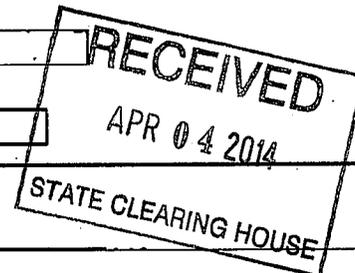
a. Authorized Representative		
Prefix Ms.	First Name Lorenda	Middle Name T.
Last Name Sanchez		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 916-920-0285
d. Signature of Authorized Representative <i>Lorenda Sanchez</i>		e. Date Signed April 1, 2014

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424		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"/> F14AS00033 </p>
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/> G1498044</p>
<p>6. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: <input type="text"/> STATE OF CALIFORNIA</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-1697567 </p>		<p>* c. Organizational DUNS: <input type="text"/> 808323560000 </p>
<p>d. Address:</p>		
<p>* Street1: <input type="text"/> 1831 9TH STREET</p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text"/> SACRAMENTO</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"/> 95811-7011</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: <input type="text"/></p>		<p>Division Name: <input type="text"/></p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text"/></p>		<p>* First Name: <input type="text"/> PETE</p>
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text"/> MARCELLANA</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> GRANTS ADMINISTRATOR</p>		
<p>Organizational Affiliation: <input type="text"/></p>		
<p>* Telephone Number: <input type="text"/> 916-445-4658</p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text"/> PETE.MARCELLANA@WILDLIFE.CA.GOV</p>		



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:**

F14A900033

*** 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.):

Shasta, Tehama, Glenn, and Butte Counties

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

Northern Region Anadromous Sportfish Management and Research: Upper Sacramento River Salmon and Steelhead Resource Assessment

Attach supporting documents as specified in agency instructions.

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

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.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="270,990.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="90,330.00"/>
* 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="361,320.00"/>

* 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:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

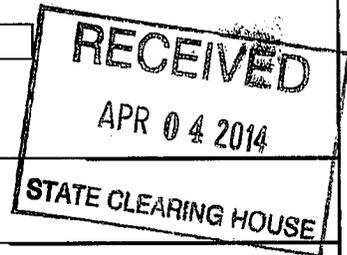
- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)



* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

F14AS00033

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1498030

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

B083223580000

d. Address:

* Street1:

1831 9TH STREET

Street2:

* City:

SACRAMENTO

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

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:

PETE

Middle Name:

* Last Name:

MARCELLANA

Suffix:

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

916-445-4658

Fax Number:

* Email:

PETE.MARCELLANA@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:**

F14A900033

*** Title:**

RB (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.):

Mendocino (Russian River Basin), Sonoma, Napa, Solano, Marin, Contra Costa, Alameda, Santa Clara, San Francisco, Santa Cruz, San Mateo, parts of Yolo, Sacramento, and San Joaquin Counties

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

BAY DELTA REGION STREAM AND LAKE IMPROVEMENT: Central Coast Native Trout Conservation & Fisheries Assessment Project

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

16. Congressional Districts Of:

* a. Applicant CA-005

* b. Program/Project CA-ALL

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

17. Proposed Project:

* a. Start Date: 07/01/2014

* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	166,836.00
* b. Applicant	0.00
* c. State	55,612.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	222,448.00

* 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 04/03/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

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 21B, 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: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

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

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):

[Empty field]

* Other (Specify)

[Empty field]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

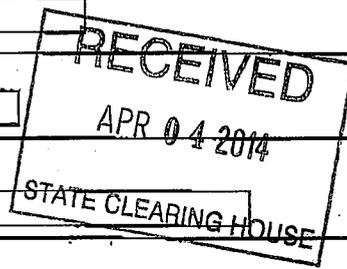
[Empty field]

5a. Federal Entity Identifier:

[Empty field]

* 5b. Federal Award Identifier:

[Empty field]



State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

61498060

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:

[Empty field]

* City:

SACRAMENTO

County:

[Empty field]

* State:

CA: California

Province:

[Empty field]

* 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:

[Empty field]

* First Name:

JASON

Middle Name:

[Empty field]

* Last Name:

WILLIAMS

Suffix:

[Empty field]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty field]

* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

* Email:

JASON.WILLIAMS@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:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14A900058

* Title:

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

13. Competition Identification Number:

Title:

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

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

WILDLIFE INVENTORIES AND RESEARCH - WATERFOWL PROGRAM

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
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-006"/>	* b. Program/Project <input type="text" value="CA-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"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="251,153.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="83,718.00"/>	
* 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="334,871.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="03/24/2014"/>		
<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.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="EXEMPTION"/>		
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)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** 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.</small>		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="STAFF SERVICES MANAGER I"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	* Fax Number: <input type="text" value="916-327-6320"/>
* Email:	<input type="text" value="LISA.BAYS@WILDLIFE.CA.GOV"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:

Preapplication

Application

Changed/Corrected Application

* 2. Type of Application:

New

Continuation

Revision

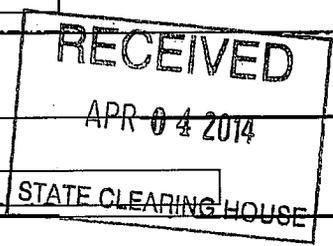
* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

03/20/2014

4. Applicant Identifier:



5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

F14AS00033

State Use Only:

6. Date Received by State:

7. State Application Identifier: 61498029

6. 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: _____

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 95811-7011

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: PETE

Middle Name: _____

* Last Name: MARCELLANA

Suffix: _____

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-4658

Fax Number: _____

* Email: PETE.MARCELLANA@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:**

F14AS00033

* 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.):

SAN MATEO AND STAN CRUZ COUNTIES

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

SOUTH CENTRAL COAST STEELHEAD RESTORATION AND ENHANCEMENT PROJECT

Attach supporting documents as specified in agency instructions.



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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-005	* b. Program/Project CA-14
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="text"/> <input type="text"/>		
17. Proposed Project:		
* a. Start Date:	07/01/2014	* b. End Date: 06/30/2015
18. Estimated Funding (\$):		
* a. Federal	164,913.00	
* b. Applicant	0.00	
* c. State	54,971.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	219,884.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		03/20/2014
<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.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text"/>
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)		
<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.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: LISA
Middle Name:	<input type="text"/>	
* Last Name:	BAYS	
Suffix:	<input type="text"/>	
* Title:	SSMT	
* Telephone Number:	916-445-3701	Fax Number: <input type="text"/>
* Email:	LISA.BAYS@WILDLIFE.CA.GOV	
* Signature of Authorized Representative:	Lisa Bays	* Date Signed: 03/20/2014

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Well No. 4 Repairs

RECEIVED

APR 07 2014

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:

Tipton Community Services District

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

94-1525386

* c. Organizational DUNS:

01-142-8737

d. Address:

* Street 1:

263 S. Graham Road

Street 2:

* City:

Tipton

County/Parish:

Tulare

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93272

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:

James

Middle Name:

H.

* Last Name:

Wegley

Suffix:

Title:

Consulting Civil Engineer

Organizational Affiliation:

* Telephone Number:

(559) 732-7938

Fax Number:

(559) 732-7937

* Email:

kelweg1@aol.com

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Special District Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

10.763

* Title:

Emergency Community Water Assistance Grant

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

Well No. 4 repairs include installing a liner to eliminate the effects of falling water and install new pump and bowls at a deeper setting.

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 Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$131,000.00"/>
* 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="\$131,000.00"/>

*** 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

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

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):

* Other (Specify)

RECEIVED

* 3. Date Received:
04/07/2014

4. Applicant Identifier:

APR 07 2014

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: STATE CLEARING HOUSE
FL4AS00033

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: G1498038

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: _____

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 95811-7011

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: PETE

Middle Name: _____

* Last Name: MARCELLANA

Suffix: _____

Title: GRANTS ADMINISTRATOR

Organizational Affiliation: _____

* Telephone Number: 916-445-4658

Fax Number: _____

* Email: PETE.MARCELLANA@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:	
F14AS00033	
* 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.):	
Merced, Tuolumne, Stanislaus, and San Joaquin Counties	
* 15. Descriptive Title of Applicant's Project:	
SAN JOAQUIN DRAINAGE CHINOOK SALMON & STEELHEAD ENHANCEMENT	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-005	* b. Program/Project CA-ALL
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="text"/> <input type="text"/>		
17. Proposed Project:		
* a. Start Date:	07/01/2014	* b. End Date: 06/30/2015
18. Estimated Funding (\$):		
* a. Federal	378,002.00	
* b. Applicant	0.00	
* c. State	126,001.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	504,003.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	04/07/2014
<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.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text"/>
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)		
<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.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: LISA
Middle Name:	<input type="text"/>	
* Last Name:	BAYS	
Suffix:	<input type="text"/>	
* Title:	SSMI	
* Telephone Number:	916-445-3701	Fax Number: <input type="text"/>
* Email:	LISA.BAYS@WILDLIFE.CA.GOV	
* Signature of Authorized Representative:	Lisa Bays	* Date Signed: 04/07/2014

Authorized for Local Reproduction

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

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

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):

 * Other (Specify)

RECEIVED

APR 07 2014

* 3. Date Received:

04/07/2014

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

F14AS00033

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1498046

B. 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:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

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:

PETE

Middle Name:

* Last Name:

MARCELLANA

Suffix:

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

915-445-4658

Fax Number:

* Email:

PETE.MARCELLANA@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: F14A900033	
* Title: RB (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.): Trinity County	
* 15. Descriptive Title of Applicant's Project: ANADROMOUS SPORTFISH RESEARCH AND MANAGEMENT: TECHNICAL GUIDANCE FOR SALMON AND STEELHEAD RESTOARTION IN THE TRINITY RIVER BASIN	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-005	* b. Program/Project CA-002
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"/>		
17. Proposed Project:		
* a. Start Date:	07/01/2014	* b. End Date: 06/30/2015
18. Estimated Funding (\$):		
* a. Federal	36,966.00	
* b. Applicant	0.00	
* c. State	12,322.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	49,288.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 04/07/2014.		
<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.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="button" value="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)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** 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.</small>		
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: 04/07/2014

Authorized for Local Reproduction

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

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

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):

* Other (Specify): _____

RECEIVED

* 3. Date Received:

04/07/2014

4. Applicant Identifier:

APR 07 2014

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1498063

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:

* 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:

* 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

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:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* 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 INVENTORIES AND RESEARCH: SPECIES CONSERVATION (NON-GAME)

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
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-006"/>	* b. Program/Project <input type="text" value="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"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="192,896.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="64,299.00"/>	
* 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="257,195.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04/07/2014"/>		
<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.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value=""/>		
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)		
<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.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="STAFF SERVICES MANAGER I"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text" value="916-327-0062"/>
* Email:	<input type="text" value="LISA.BAYS@WILDLIFE.CA.GOV"/>	
* Signature of Authorized Representative:	<input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="04/07/2014"/>

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): _____ * Other (Specify) _____
* 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: Rural Communities Housing Development Corporation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2319894	* c. Organizational DUNS: 034976589	
d. Address:		
* Street 1: 499 Leslie Street		
Street 2: _____		
* City: Ukiah		
County/Parish: Mendocino		
* State: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95482		
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: Brad	_____
Middle Name: _____		
* Last Name: McDonald		
Suffix: _____		
Title: Home Ownership Program Manager		
Organizational Affiliation: _____		
* Telephone Number: (707) 463-1975	Fax Number: (707) 463-2252	
* Email: bmcdonald@rchdc.org		

RECEIVED
APR 07 2014
STATE CLEARING HOUSE

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):

Non Profit Community Housing

* 10. Name of Federal Agency:

USDA / Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.420

CFDA Title:

Rural Self Help Housing Technical Assistance

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

N/A

Title:

N/A

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

Lake and Mendocino Counties

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Technical Assistance Grant (523) from USDA/RD to provide supervision to families to help them secure 504 loan and grant funds to rehabilitation existing homes in Lake and Mendocino Counties.

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="\$150,000.00"/>
* 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="\$150,000.00"/>

*** 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

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:

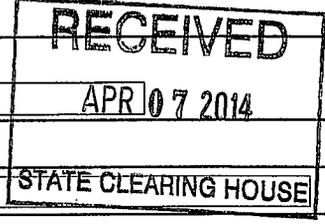
* Date Signed:

Application for Federal Assistance SF-424

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95 - 6004070	* c. Organizational DUNS: 147688303
---------------------------------------------------------------------------------------	------------------------------------------------------

d. Address:

* Street 1: P.O. Box 1525
Street 2: _____
* City: Frazier Park
County/Parish: _____
* State: California
Province: _____
* Country: _____ USA: UNITED STATES
* Zip / Postal Code: 93225

e. Organizational Unit:

Department Name: _____	Division Name: _____
----------------------------------	--------------------------------

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

Prefix: Mr.	* First Name: Jonnie
Middle Name: _____	
* Last Name: Allison	
Suffix: _____	

Title: **Operations Manager**

Organizational Affiliation:
Frazier Park Public Utility District

* Telephone Number: (661) 245-3734	Fax Number: (661) 245-3472
--------------------------------------------------	------------------------------------------

*** Email:** **jonniea.fppud@gmail.com**

Application for Federal Assistance SF-424

9. Type of Applicant I - Select Applicant Type:

G - Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA / Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminenet Community Water Assistance Grant

* 12. Funding Opportunity Number:

* Title:

Frazier Park - Drought Water Supply & Well Replacement Project

13. Competition Identification Number:

Title:

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

Frazier Park, Kern County, CA

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

**Frazier Park - Drought Water Supply & Well Replacement Project:
The community has lost water supply water well levels have fallen sharply and water supply lines are leaking. The District will replace well(s), supply lines and install related equipment to restore supply.**

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 **23**

* b. Program/Project **23**

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: **June 1, 2014**

* b. End Date: **Dec. 31, 2014**

18. Estimated Funding (\$):

* a. Federal **500,000**

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL **500,000**

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.)

Yes No

If "Yes", provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

** I AGREE

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

Authorized Representative:

Prefix: **Ms.**

* First Name: **Rebecca**

Middle Name:

* Last Name: **Gipson**

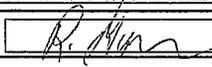
Suffix:

* Title: **President**

* Telephone Number: **(661) 245-3734**

Fax Number: **(661) 245-3472**

* Email: **rebeccaippud@gmail.com**

* Signature of Authorized Representative: 

* Date Signed: **4/3/14**

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"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier: KTRK - 3-06-0262-			* 5b. Federal Award Identifier:		
RECEIVED APR 08 2014 STATE CLEARING HOUSE					
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Truckee Tahoe Airport District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1563328			* c. Organizational DUNS: 006492235		
d. Address:					
* Street1: 10356 Truckee Tahoe Airport Road					
Street 2:					
* City: Truckee					
County: Nevada					
* State: California					
Province:					
Country: USA			* Zip/ Postal Code: 96161		
e. Organizational Unit:					
Department Name: Airport District			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Kevin			
Middle Name:					
* Last Name: Smith					
Suffix:					
Title: General Manager					
Organizational Affiliation: Truckee Tahoe Airport District					
* Telephone Number: 530-587-4119, Ext. 105			Fax Number: 530-587-2984		
* Email: ksmith@fly2trk.com					

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: **- Select One -**

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Truckee, Nevada County, California

* 15. Descriptive Title of Applicant's Project:

Truckee Tahoe Airport, Truckee, Nevada County, California: Purchase Snow Removal Equipment - Snowplow

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$383,400.00
*b. Applicant	\$23,430.00
*c. State	\$19,170.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$426,000.00

***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 4-3-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Kevin

Middle Name:

*Last Name: Smith

Suffix:

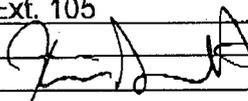
*Title: General Manager, Truckee Tahoe Airport District

*Telephone Number: 530-587-4119, Ext. 105

Fax Number: 530-587-2984

*Email: ksmith@fly2trk.com

Date Signed: 4/8/14

*Signature of Authorized Representative: 

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"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:		4. Application Identifier:		RECEIVED APR 08 2014 STATE CLEARING HOUSE	
5a. Federal Entity Identifier: KTRK - 3-06-0262-		* 5b. Federal Award Identifier:			
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Truckee Tahoe Airport District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1563328			*c. Organizational DUNS: 006492235		
d. Address:					
* Street1: 10356 Truckee Tahoe Airport Road Street 2: * City: Truckee County: Nevada * State: California Province: Country: USA *Zip/ Postal Code: 96161					
e. Organizational Unit:					
Department Name: Airport District			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Kevin			
Middle Name:					
* Last Name: Smith					
Suffix:					
Title: General Manager					
Organizational Affiliation: Truckee Tahoe Airport District					
* Telephone Number: 530-587-4119, Ext. 105			Fax Number: 530-587-2984		
* Email: ksmith@fly2trk.com					

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: - Select One -

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
20.106
CFDA Title:
Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Truckee, Nevada County, California

* 15. Descriptive Title of Applicant's Project:

Truckee Tahoe Airport, Truckee, Nevada County, California: Apron A4 - Reconstruct

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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

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

17. Proposed Project:
* a. Start Date: 2014 * b. End Date: 2014

18. Estimated Funding (\$):	
*a. Federal	\$1,365,300.00
*b. Applicant	\$101,700.00
*c. State	\$50,000.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$1,517,000.00

*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 4-3-2014
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

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

**I AGREE

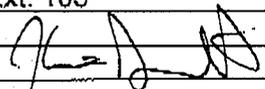
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:
Prefix: Mr. *First Name: Kevin
Middle Name:
*Last Name: Smith
Suffix:

*Title: General Manager, Truckee Tahoe Airport District

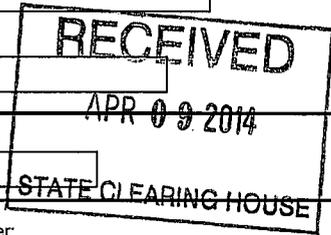
*Telephone Number: 530-587-4119, Ext. 105 Fax Number: 530-587-2984

*Email: ksmith@fly2trk.com

*Signature of Authorized Representative:  Date Signed: 4/8/14

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): _____ * Other (Specify) _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------



* 3. Date Received: _____	4. Applicant Identifier: Dept. of Food and Agriculture
-------------------------------------	------------------------------------------------------------------

5a. Federal Entity Identifier: 14-8506-0934-GR	* 5b. Federal Award Identifier: _____
----------------------------------------------------------	-------------------------------------------------

State Use Only:

6. Date Received by State: March 25, 2014	7. State Application Identifier: 13-0445-FR
--------------------------------------------------	----------------------------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665
------------------------------------------------------------------------------	-----------------------------------------------

d. Address:

* Street1: 1220 N Street, Room 315
Street2: _____
* City: Sacramento
County: _____
* State: California
Province: _____
* Country: USA; UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: California Department of Food and Agriculture	Division Name: Plant Health & Pest Prevention Services
--------------------------------------------------------------------------	------------------------------------------------------------------

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

Prefix: _____	* First Name: Jason
Middle Name: K	
* Last Name: Chan	
Suffix: _____	

Title: _____

Organizational Affiliation: California Department of Food and Agriculture

* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555
-------------------------------------------	-----------------------------------

* Email: jason.chan@cdfa.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:**

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Exotic Fruit Fly

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 2,000,000

* b. Applicant

* c. State 9,233,528

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 11,233,528

*** 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 April 9, 2014

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

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

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

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

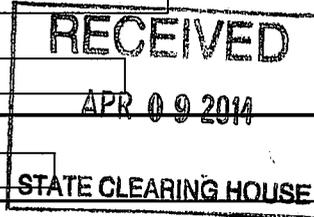
* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative:

* Date Signed:

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): _____ * Other (Specify) _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------



* 3. Date Received: _____	4. Applicant Identifier: Dept. of Food and Agriculture
-------------------------------------	------------------------------------------------------------------

5a. Federal Entity Identifier: 14-8506-0478-CA	* 5b. Federal Award Identifier: _____
----------------------------------------------------------	-------------------------------------------------

State Use Only:

6. Date Received by State: April 2, 2014	7. State Application Identifier: _____
-------------------------------------------------	-----------------------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665
------------------------------------------------------------------------------	-----------------------------------------------

d. Address:

* Street1: 1220 N Street, Room 315
Street2: _____
* City: Sacramento
County: _____
* State: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: California Department of Food and Agriculture	Division Name: Plant Health & Pest Prevention Services
--------------------------------------------------------------------------	------------------------------------------------------------------

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

Prefix: _____	* First Name: Jason
Middle Name: K	
* Last Name: Chan	
Suffix: _____	

Title: _____

Organizational Affiliation: California Department of Food and Agriculture

* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555
-------------------------------------------	-----------------------------------

* Email: jason.chan@cdfa.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:**

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Exotic Woodborer

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 7/1/2014

* b. End Date: 6/30/2015

18. Estimated Funding (\$):

* a. Federal 115,250
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 115,250

*** 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 April 9, 2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Prefix: Middle Name: * First Name: Crystal
* Last Name: Myers
Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative: * Date Signed:

RECEIVED
APR 10 2014
STATE CLEARING HOUSE

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 type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		* If Revision, select appropriate letter(s): A * Other (Specify) 	
* 3. Date Received: 		4. Applicant Identifier: CA Department of Food and Agriculture			
5a. Federal Entity Identifier: 			* 5b. Federal Award Identifier: 14-8506-1164-CA		
State Use Only:					
6. Date Received by State: 04/01/14		7. State Application Identifier: 13-0326-FR-2			
8. APPLICANT INFORMATION:					
* a. Legal Name: State of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104			* c. Organizational DUNS: 807487665		
d. Address:					
* Street1: 3294 Meadowview Road					
Street2:					
* City: Sacramento					
County: Sacramento					
* State: California					
Province:					
* Country:		USA: UNITED STATES			
* Zip / Postal Code: 95832					
e. Organizational Unit:					
Department Name: Food and Agriculture			Division Name: Plant Health and Pest Prevention Services		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		* First Name: Duane			
Middle Name:					
* Last Name: Schnabel					
Suffix:					
Title: Branch Chief					
Organizational Affiliation: 					
* Telephone Number: 916-654-0312		Fax Number: 916-654-0986			
* Email: duane.schnabel@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 and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

*** 15. 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 CA; 3rd

* b. Program/Project **Statewide**

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

17. Proposed Project:

* a. Start Date: **10/01/13**

* b. End Date: **09/30/14**

18. Estimated Funding (\$):

* a. Federal \$2,466,821

* b. Applicant

* c. State \$0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$2,466,821

*** 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 **04/10/2014**

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

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

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

Prefix: * First Name: **Crystal**

Middle Name:

* Last Name: **Myers**

Suffix:

* Title: **Federal Funds Manager**

* Telephone Number: **916-403-6533** Fax Number:

* Email: **crystal.myers@cdfa.ca.gov**

* Signature of Authorized Representative: *Crystal Myers* * Date Signed: **4/9/14**

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 type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="checkbox"/> Other (Specify) <input type="checkbox"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

* 3. Date Received:	4. Applicant Identifier:
---------------------	--------------------------

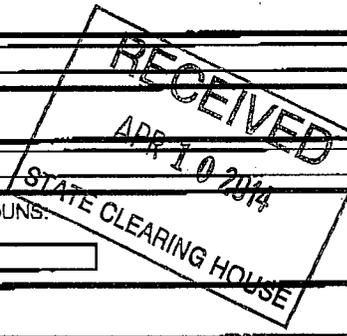
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
--------------------------------	---------------------------------

State Use Only:

6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: San Francisco State University	* c. Organizational DUNS: 942514985
* b. Employer/Taxpayer Identification Number (EIN/TIN): 931137247	



d. Address:

* Street1:	1600 Holloway Ave
Street2:	ADM 471
* City:	San Francisco
County:	San Francisco
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94132-1722

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: Michael
Middle Name:	
* Last Name: Vasey	
Suffix:	

Title:

Organizational Affiliation: San Francisco State University

* Telephone Number: 415-338-3719	Fax Number:
----------------------------------	-------------

* Email: mvasey@sfsu.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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2014-2004036

* Title:

FY2014 National Estuarine Research Reserve Operations July 1 Start Dates

13. Competition Identification Number:

Title:

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

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

San Francisco Bay NERR Operations FY 14

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="603,000.00"/>
* b. Applicant	<input type="text" value="270,517.00"/>
* 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="873,517.00"/>

*** 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 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:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Authorized for Local Reproduction

Standard Form 424
Prescribed by OMB

OMB Number: 4040-0004
Expiration Date: 8/31/2016

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="04/10/2014"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="PARKS AND RECREATION, CA DEPT OF"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="68-0303606"/>	* c. Organizational DUNS: <input type="text" value="1720708070000"/>	
d. Address:		
* Street1: <input type="text" value="301 CASPIAN WAY"/>	Street2: <input type="text"/>	
* City: <input type="text" value="IMPERIAL BEACH"/>	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="91932-91933"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Christopher"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Peregrin"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Reserve Manager"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="619-575-3613 ext. 303"/>	Fax Number: <input type="text" value="619-575-6912"/>	
* Email: <input type="text" value="chris.peregrin@parks.ca.gov"/>		

RECEIVED
 APR 10 2014
 STATE CLEARING HOUSE

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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2014-2004038

* Title:

FY2014 National Estuarine Research Reserve Operations July 1 Start Dates

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:**

TRNERR MANAGEMENT AND OPERATIONS

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="320,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="137,140.00"/>
* 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="457,140.00"/>

* 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

Application for Federal Assistance SF-424		Version 02												
<table border="0"> <tr> <td>* 1. Type of Submission:</td> <td>* 2. Type of Application:</td> <td>* If Revision, select appropriate letter(s):</td> </tr> <tr> <td><input type="checkbox"/> Preapplication</td> <td><input checked="" type="checkbox"/> New</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Application</td> <td><input type="checkbox"/> Continuation</td> <td>* Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Changed/Corrected Application</td> <td><input type="checkbox"/> Revision</td> <td></td> </tr> </table>			* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New		<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)	<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):												
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New													
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)												
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> 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: G1498062													
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:														
* 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:	* 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														

RECEIVED
APR 11 2014
STATE CLEARING HOUSE

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:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

*** Title:**

RA (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.):

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

WILDLIFE INVENTORIES AND RESEARCH: California Mountain Lion Conservation Program Establishment & Resource Assessment Project

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-006"/>	* b. Program/Project <input type="text" value="CA-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"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="213,750.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="71,250.00"/>	
* 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="285,000.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04/10/2014"/>		
<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.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="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)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** 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.</small>		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="STAFF SERVICES MANAGER I"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text" value="916-327-6320"/>
* Email:	<input type="text" value="LISA.BAYS@WILDLIFE.CA.GOV"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: _____
-------------------------------------	------------------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
------------------------------------------------	-------------------------------------------------

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
-----------------------------------------	-----------------------------------------------

RECEIVED

8. APPLICANT INFORMATION:

APR 14 2014

* a. Legal Name: University of San Diego

STATE CLEARING HOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN): 952544535	* c. Organizational DUNS: 064467962
-----------------------------------------------------------------------------	-----------------------------------------------

d. Address:

* Street1: 5998 Alcalá Park
Street2: _____
* City: San Diego
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92110-2492

e. Organizational Unit:

Department Name: Sponsored Programs	Division Name: Provost
--------------------------------------------	-------------------------------

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

Prefix: _____	* First Name: Traci
Middle Name: Lynn	
* Last Name: Merrill	
Suffix: _____	

Title: Director

Organizational Affiliation: University of San Diego

* Telephone Number: 619-260-6825	Fax Number: _____
-----------------------------------------	--------------------------

* Email: research@sandiego.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Private 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:

11.473

CFDA Title:

Coastal Services Center

*** 12. Funding Opportunity Number:**

NOAA-NOS-CSC-2014-2003982

* Title:

FY 2014 Coastal Resilience Networks

13. Competition Identification Number:

2467729

Title:

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

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

The San Diego Climate Science Alliance

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="100,000.00"/>
* b. Applicant	<input type="text" value="15,000.00"/>
* 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="115,000.00"/>

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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): _____ * Other (Specify): _____
* 3. Date Received: 04/11/2014	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: _____
RECEIVED		
APR 14 2014		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
STATE CLEARING HOUSE		
8. APPLICANT INFORMATION:		
* a. Legal Name: The Nature Conservancy		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 53-0242652	* c. Organizational DUNS: 0726566300000	
d. Address:		
* Street1: 201 Mission Street	_____	
Street2: Fourth Floor	_____	
* City: San Francisco	_____	
County/Parish: _____	_____	
* State: CA: California	_____	
Province: _____	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 94105-1831	_____	
e. Organizational Unit:		
Department Name: Ara	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Sarah	_____
Middle Name: _____	_____	
* Last Name: Newkirk	_____	
Suffix: _____	_____	
Title: CA Coastal Project Director	_____	
Organizational Affiliation: The Nature Conservancy		
* Telephone Number: 831-333-2045	Fax Number: 831-333-1736	
* Email: snewkirk@tnc.org		

Application for Federal Assistance SF-424

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.473

CFDA Title:

Coastal Services Center

*** 12. Funding Opportunity Number:**

NOAA-NOS-CSC-2014-2003982

* Title:

FY 2014 Coastal Resilience Networks

13. Competition Identification Number:

2467729

Title:

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

Congressional Districts & Areas Affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

Communities' Network for Coastal Resilience

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="100,000.00"/>
* b. Applicant	<input type="text" value="16,850.00"/>
* c. State	<input type="text" value="75,000.00"/>
* d. Local	<input type="text" value="10,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="201,850.00"/>

*** 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 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:

EAICWAG WATER SUPPLY

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:

LINDSAY STRATHMORE IRRIGATION DISTRICT

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

94-1725215

* c. Organizational DUNS:

047398656

d. Address:

* Street 1:

P.O. BOX 846

Street 2:

* City:

LINDSAY

County/Parish:

TULARE

* State:

CA

Province

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93247

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

MR.

* First Name:

JAMES

Middle Name:

H.

* Last Name:

WEGLEY

Suffix:

Title:

CONSULTING CIVIL ENGINEER

Organizational Affiliation:

KELLER/WEGLEY CONSULTING ENGINEERS

* Telephone Number:

(559) 732-7938

* Fax Number:

(559) 732-7937

* Email:

KELWEGI@AOL.COM

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

SPECIAL DISTRICT GOVERNMENT

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

UNITED STATES DEPARTMENT OF AGRICULTURE, RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT

*** 12. Funding Opportunity Number:**

105163

* Title:

EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

EAICWAG WATER SUPPLY: Purchase of 201 acre-feet at a higher drought condition price.

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

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

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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

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Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: