

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1 - 15, 2015**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

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): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: September 30, 2014	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

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

* a. Legal Name: Regents of the University of California	* c. Organizational DUNS: 047120084
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	

d. Address:

* Street1: Office of Research - Sponsored Programs
Street2: 1850 Research Park Drive, Suite 300
* City: Davis
County: <input type="text"/>
* State: California
Province: <input type="text"/>
* Country: USA: UNITED STATES
* Zip / Postal Code: 95618-6513

e. Organizational Unit:

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

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

Prefix: Dr.	* First Name: Amanda
Middle Name: Joyce	
* Last Name: Finger	
Suffix: <input type="text"/>	

Title: Assistant Project Scientist

Organizational Affiliation: Department of Animal Science, UC Davis
--

* Telephone Number: (530) 752-6351	Fax Number: 530-752-0175
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* Email: ajfinger@ucdavis.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Public/State Controlled Institution of Higher Learning

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.564

CFDA Title:

Central Valley Project Conservation Program

*** 12. Funding Opportunity Number:**

R14AS00050

* Title:

Central Valley Project Conservation Program and CVPIA Habitat Restoration Program

13. Competition Identification Number:

Title:

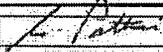
14. Areas Affected by Project (Cities, Counties, States, etc.):

Sacramento and Merced Counties

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

Environmental DNA assays for listed vernal pool branchiopods and biodiversity assessment: Applications for range-wide surveys and conservation prioritization

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-003	* b. Program/Project CA-003
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>		
17. Proposed Project:		
* a. Start Date:	10/01/2015	* b. End Date: 12/31/2018
18. Estimated Funding (\$):		
* a. Federal	\$322,626	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other		
* f. Program Income	0.00	
* g. TOTAL	\$322,626	
* 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	4/01/2015
<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
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:	Mr.	* First Name: Robert
Middle Name:	<input type="text"/>	
* Last Name:	Pattison	
Suffix:	<input type="text"/>	
* Title:	Contract and Grants Officer	
* Telephone Number:	530-754-7700	Fax Number: 530-752-0333
* Email:	rpattison@ucdavis.edu	
* Signature of Authorized Representative:		* Date Signed: 3/31/15

RP

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

Application for Federal Assistance SF-424

Version 02

*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:			RECEIVED		
6. Date Received by State:			APR 01 2015		
7. State Application Identifier:			STATE CLEARING HOUSE		
8. APPLICANT INFORMATION:					
* a. Legal Name: The Regents of the University of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142W			*c. Organizational DUNS: 62-779-7426		
d. Address:					
*Street1: Sponsor Program Administration Street 2: 200 University Office Building *City: Riverside, County: *State: CA Province: Country: USA					
*Zip/ Postal Code: 92521-0217					
e. Organizational Unit:					
Department Name: Plant Pathology & Microbiology			Division Name: College of Natural and Agricultural Sciences		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		First Name: Frosina			
Middle Name:					
*Last Name: Al Zgoul					
Suffix:					
Title: Senior Contract & Grant Officer					
Organizational Affiliation:					
*Telephone Number: (951)827-4968			Fax Number: (951)827-4483		
*Email: frosina.alzgoul@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:

USDA, 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:

*Title: Huanglongbing (HLB) Multi-Agency Coordination Project (MAC)

13. Competition Identification Number:

Title:

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

N/A

*15. Descriptive Title of Applicant's Project:

Standardization of Antibody-based Early HLB Detection Methods for Near-term Applications

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: 01/01/2015

*b. End Date: 12/31/2016

18. Estimated Funding (\$):

*a. Federal \$428,154.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$428,154.00

*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 4/1/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms.

*First Name: Frosina

Middle Name:

*Last Name: Al Zgoul

Suffix:

*Title: Senior Contract & Grant Officer

*Telephone Number: (951)827-4968

Fax Number: (951)827-4483

*Email: frosina.alzoul@ucr.edu

*Signature of Authorized Representative: F. Alzoul

Date Signed: 4/1/2015

Application for Federal Assistance SF-424

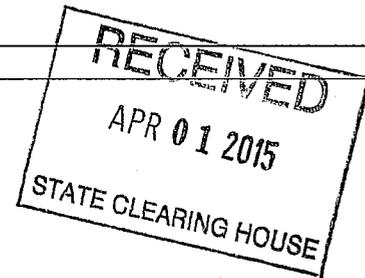
Version 02

***Applicant Federal Debt Delinquency Explanation**

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

OMB Number: 4040-0004
Expiration Date: 08/31/2016**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application	* If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	- Select One -
<input 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: 3-06-0098-23	
5a. Federal Entity Identifier: 3-06-0098		* 5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: City of Hanford			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000345		*c. Organizational DUNS:	
d. Address:			
* Street1: 900 S. 10th Avenue			
Street 2:			
* City: Hanford			
County: Kings			
* State: California			
Province:			
Country: USA		*Zip/ Postal Code: 93230	
e. Organizational Unit:			
Department Name: Hanford Community Development		Division Name: Airports	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Johnathan	
Middle Name:			
* Last Name: Doyel		Suffix:	
Title: Deputy Public Works Director			
Organizational Affiliation: City of Hanford			
* Telephone Number: (559) 585-2571		Fax Number:	
* Email: jdoyel@ci.hanford.ca.us			



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: 3-06-0098-23

Title: Taxilane Pavement Rehabilitation Phase 1 Construction

13. Competition Identification Number:

Title:

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

Kings County

* 15. Descriptive Title of Applicant's Project:

Taxilane Pavement Rehabilitation, Phase 1 Construction

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

*a. Applicant: 20

*b. Program/Project: 20

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

17. Proposed Project:

*a. Start Date: 06/01/2015

*b. End Date: 11/30/2015

18. Estimated Funding (\$):

*a. Federal	477,500.00
*b. Applicant	
*c. State	
*d. Local	47750
*e. Other	
*f. Program Income	
*g. TOTAL	525,250.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 03/31/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Johnathan

Middle Name:

*Last Name: Doyel

Suffix:

*Title: Deputy Public Works Director

*Telephone Number: (559) 585-2571

Fax Number:

* Email: jdoyel@ci.hanford.ca.us

*Signature of Authorized Representative:

*Date Signed:

Application for Federal Assistance SF-424

***Applicant Federal Debt Delinquency Explanation**

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

Application for Federal Assistance SF-424

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: Completed by Grants.gov upon submission. _____	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15AS00092
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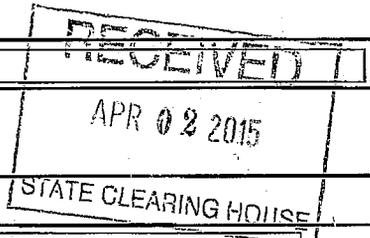
State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598055
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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: 1416 9TH STREET
Street2: _____
* City: SACRAMENTO
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

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

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

Prefix: Mr.	* First Name: STEVE
Middle Name: _____	
* Last Name: WONG	
Suffix: _____	

Title: GRANTS ADMINISTRATOR

Organizational Affiliation: _____

* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320
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* Email: steve.wong@wildlife.ca.gov
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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:**

F15AS00092

* Title:

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

13. Competition Identification Number:

Title:

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

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

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

ESSENTIAL FISHERY INFORMATION- EFI

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="484,268.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="161,423.00"/>
* 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="645,691.00"/>

* 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

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

To add more Project Narrative File attachments, please use the attachment buttons below.

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

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): - Select One - * Other (Specify)
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* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Highway Patrol

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2257827	* c. Organizational DUNS: 878883107
---	--

d. Address:

* Street1: 601 North 7th Street
Street 2:
* City: Sacramento
County: Sacramento
* State: CA
Province:
Country: USA

* Zip/ Postal Code: 95811



e. Organizational Unit:

Department Name: California Highway Patrol	Division Name: Administrative Services Division,
---	---

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

Prefix: First Name: Daniel
Middle Name: E.
* Last Name: Lamm
Suffix:

Title: Lieutenant

Organizational Affiliation:

* Telephone Number: (916) 843-3514	Fax Number: (916) 322-3161
------------------------------------	----------------------------

* Email: dlammm@chp.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:

A. State Government

Type of Applicant 3: Select Applicant Type:

A. State Government

* Other (specify):

* 10. Name of Federal Agency:

Department of Justice, Office of Justice Programs

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

BJA-2015-4081

Title:

Justice and Mental Health Collaboration Program FY 2015 Competitive Grant Announcement

13. Competition Identification Number: BJA-2015-4081

Title: Justice and Mental Health Collaboration Program FY 2015 Competitive Grant Announcement

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

State of California, 58 counties

* 15. Descriptive Title of Applicant's Project:

California Highway Patrol, Bridging the Gap Collaborative Effort

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-005

*b. Program/Project: All

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

17. Proposed Project:

*a. Start Date: 10/01/2015

*b. End Date: 09/30/2017

18. Estimated Funding (\$):

*a. Federal	_____	200,000.00
*b. Applicant	_____	
*c. State	_____	50,000.00
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	250,000.00

***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 04/02/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: I *First Name: Joseph

Middle Name: A.

*Last Name: Farrow

Suffix:

*Title: Commissioner

*Telephone Number: (916) 843-3000

Fax Number: (916) 322-3161

* Email: jfarrow@chp.ca.gov

*Signature of Authorized Representative:

*Date Signed: 04/03/2015

Application for Federal Assistance SF-424

***Applicant Federal Debt Delinquency Explanation**

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

Application for Federal Assistance SF-424

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): _____
--	--	--

* 3. Date Received: 04/02/2015	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15AB00092
---	---

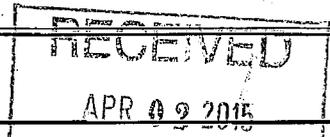
State Use Only:

6. Date Received by State: _____	7. State Application Identifier: 61598064
----------------------------------	---

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: 1416 9TH STREET	STATE CLEARING HOUSE
Street2: _____	
* City: SACRAMENTO	
County: _____	
* State: CA: California	
Province: _____	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 95814	

e. Organizational Unit:

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

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

Prefix: Mr.	* First Name: STEVE
Middle Name: _____	
* Last Name: WONG	
Suffix: _____	
Title: GRANTS ADMINISTRATOR	
Organizational Affiliation: _____	

* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320
* Email: steve.wong@wildlife.ca.gov	

Application for Federal Assistance SF-424

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:**

F15AS00092

* 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.):

Statewide

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

Steelhead Management and Research Program

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	<input type="text" value="CA-6"/>	* 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="07/01/2015"/>	* b. End Date: <input type="text" value="06/30/2016"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="153,363.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="51,121.00"/>	
* 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="204,484.00"/>	
* 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="03/26/2015"/>
<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		
** 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="BLAINE"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="NICKENS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="CHIEF, GRANTS MANAGEMENT BRANCH"/>	
* Telephone Number:	<input type="text" value="(916) 445-9300"/>	Fax Number: <input type="text" value="(916) 327-6320"/>
* Email:	<input type="text" value="steve.wong@wildlife.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Blaine Nickens"/>	* Date Signed: <input type="text" value="04/02/2016"/>

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: 1649 * 5b. Federal Award Identifier: _____

State Use Only:
6. Date Received by State: _____ 7. State Application Identifier: _____

B. APPLICANT INFORMATION:

* a. Legal Name: City of Fresno Department of Transportation - FAX
 * b. Employer/Taxpayer Identification Number (EIN/TIN): 946000338
 * c. Organizational DUNS: 169204872

d. Address:

* Street1: 2223 G Street
 Street2: _____
 * City: Fresno
 County/Parish: _____
 * State: CA
 Province: _____
 * Country: USA
 * Zip / Postal Code: 93706

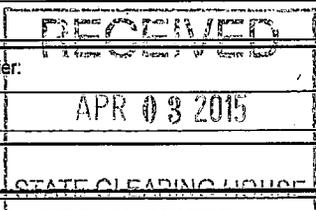
e. Organizational Unit:

Department Name: _____ Division Name: _____

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

Prefix: _____ * First Name: Darlene
 Middle Name: _____
 * Last Name: Christiansen
 Suffix: _____
 Title: Grant Writer
 Organizational Affiliation: _____
 * Telephone Number: 5596211469 Fax Number: 5594881065
 * Email: darlene.christiansen@fresno.gov

Post-it® Fax Note
 Date 4/3/15 # of pages 3
 From FAX
 To State Clearinghouse
 Co./Dept. Co.
 Phone # (559) 621-1469
 Fax # (510) 323-3016



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:

[Empty text box]

Type of Applicant 3: Select Applicant Type:

[Empty text box]

* Other (specify):

[Empty text box]

* 10. Name of Federal Agency:

Department of Transportation - Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit - Formula Grants

* 12. Funding Opportunity Number:

n/a

* Title:

20.507 - Federal Transit - Formula Grants

13. Competition Identification Number:

[Empty text box]

Title:

[Empty text box]

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

[Empty text box]

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

2015-5307: Capital and Planning (CA-90-Z236)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-016

* b. Program/Project CA-004-016-021-022

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014

* b. End Date: 09/30/2016

18. Estimated Funding (\$):

* a. Federal	\$5,360,226.00
* b. Applicant	\$0.00
* c. State	\$0.00
* d. Local	\$1,340,074.00
* e. Other	\$0.00
* f. Program Income	\$0.00
* g. TOTAL	\$6,700,300.00

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

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

 Yes No

If "Yes", provide explanation and attach

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: Brian

Middle Name: R.

* Last Name: Marshall

Suffix:

* Title: Director of Transportation

* Telephone Number: 5596211454

Fax Number:

* Email: brian_marshall@t Fresno.gov

* Signature of Authorized Representative:

* Date Signed: 04/03/2015

Application for Federal Assistance SF-424

Version 02

*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:				RECEIVED	
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:				APR 09 2015	
* a. Legal Name: The Regents of the University of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142W			*c. Organizational DUNS: 627797426		STATE CLEARING HOUSE
d. Address:					
*Street1: 200 University Office Building					
Street 2:					
*City: Riverside					
County: Riverside					
*State: CA					
Province:					
Country: USA					
*Zip/ Postal Code: 92521-0001					
e. Organizational Unit:					
Department Name: Plant Pathology & Microbiology			Division Name: College of Natural & Agricultural Sciences		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: Frosina			
Middle Name:					
*Last Name: Al Zgoul					
Suffix:					
Title: Sr. Contract & Grant Officer					
Organizational Affiliation: Research and Economic Development					
*Telephone Number: (951) 827-4968			Fax Number: (951) 827-4483		
*Email: frosina.alzgoul@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:

USDA APHIS PPQ

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number: n/a

*Title: Huanglongbing (HLB) Multi-agency Coordination (MAC) Project Suggestion Guidelines

13. Competition Identification Number:

Title:

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

Worldwide

*15. Descriptive Title of Applicant's Project:

Rapid Propagation of Huanglongbing Tolerant Scions and Rootstocks for US Citrus

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: CA-041

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

17. Proposed Project:

*a. Start Date: 02/01/2015

*b. End Date: 01/31/2017

18. Estimated Funding (\$):

*a. Federal \$627,461.00
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL \$627,461.00

*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 4/3/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: *First Name: Frosina

Middle Name:

*Last Name: Al Agoul

Suffix:

*Title: Sr. Contract & Grant Officer

*Telephone Number: (951) 827-4968

Fax Number: (951) 827-4483

*Email: frosina.alzgoul@ucr.edu

*Signature of Authorized Representative: F Al Agoul

Date Signed: 4/3/2015

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) _____
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: _____	RECEIVED APR 07 2015
5a. Federal Entity Identifier: _____		* 5b. Federal Award Identifier: F15AS00092	
State Use Only:			
6. Date Received by State: _____		7. State Application Identifier: G1598059	
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: 1416 9TH STREET		Street2: _____	
* City: SACRAMENTO		County: _____	
* State: CA: California		Province: _____	
* Country: USA: UNITED STATES		Zip / Postal Code: 95814	
e. Organizational Unit:			
Department Name: CA DEPT OF FISH & WILDLIFE		Division Name: GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.	* First Name: STEVE		Middle Name: _____
* Last Name: WONG		Suffix: _____	
Title: GRANTS ADMINISTRATOR			
Organizational Affiliation: _____			
* Telephone Number: (916) 445-3694		Fax Number: (916) 327-6320	
* Email: steve.wong@wildlife.ca.gov			

Application for Federal Assistance SF-424

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:**

F15AS00092

* 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.):

Plumas, Sierra, Nevada, Placer, El Dorado, Alpine and Amador counties

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

POPULATION DYNAMICS OF HATCHERY AND WILD TROUT IN LENTIC WATERS OF THE SIERRA NEVADA

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="89,512.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="29,837.00"/>
* 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="119,349.00"/>

* 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

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): _____
---	---	--

RECEIVED
APR 07 2015

* 3. Date Received: 04/02/2015	4. Applicant Identifier: _____
--	--

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15AS00092
--	--

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598056
--	---

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:	1416 9TH STREET
Street2:	_____
* City:	SACRAMENTO
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

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

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

Prefix: Mr.	* First Name: STEVE
Middle Name:	_____
* Last Name:	WONG
Suffix:	_____

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320
---	-----------------------------------

*** Email:** steve.wong@wildlife.ca.gov

Application for Federal Assistance SF-424

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:**

F15AS00092

* 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.):

Counties of: Del Norte, Humboldt, Marin, San Francisco, San Mateo, Santa Cruz, Monterey, San Luis Obispo, and Santa Barbara

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

ASSESSMENT OF STATE MANAGED FINFISH SPECIES

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="251,008.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="83,669.00"/>
* 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="334,677.00"/>

* 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 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:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

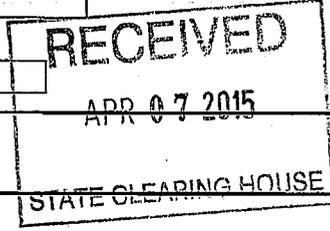
* Email:

* Signature of Authorized Representative: * Date Signed:

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) _____
---	---	---



* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
--	--

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15AS00092
--	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598052
---	--

8. APPLICANT INFORMATION:

* a. Legal Name: STATE CALIFORNIA
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
--	---

d. Address:

* Street1: 1416 9TH STREET
Street2: _____
* City: SACRAMENTO
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: CA DEPART. OF FISH & WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
--	---

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

Prefix: Mr.	* First Name: STEVE
Middle Name: _____	
* Last Name: WONG	
Suffix: _____	
Title: GRANTS ADMINISTRATOR	

Organizational Affiliation: _____

* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320
---	-----------------------------------

* Email: steve.wong@wildlife.ca.gov
--

Application for Federal Assistance SF-424

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:**

F15AS00092

* Title:

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

13. Competition Identification Number:

Title:

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

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

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

MANAGEMENT OF MARINE SPORT FISH UNDER FEDERAL OR MIXED JURISDICTION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-6

* b. Program/Project CA-ALL

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

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	274,324.00
* b. Applicant	0.00
* c. State	91,441.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	365,765.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 03/09/2015.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes 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: BLAINE

Middle Name:

* Last Name: NICKENS

Suffix:

* Title: CHIEF, GRANTS MANAGEMENT BRANCH

* Telephone Number: (916) 445-9300 Fax Number: (916) 327-6320

* Email: blaine.nickens@wildlife.ca.gov

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

Application for Federal Assistance SF-424		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): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	RECEIVED APR 07 2015	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15AS00092	STATE CLEARING HOUSE	
State Use Only:			
6. Date Received by State: _____	7. State Application Identifier: G1598057		
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: 1416 9TH STREET	Street2: _____		
* City: SACRAMENTO	County: _____		
* State: CA: California	Province: _____		
* Country: USA: UNITED STATES	* Zip / Postal Code: 95814		
e. Organizational Unit:			
Department Name: CA DEPT OF FISH & WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH		
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.	* First Name: STEVE		
Middle Name: _____	* Last Name: WONG		
Suffix: _____	Title: _____		
Organizational Affiliation: _____			
* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320		
* Email: steve.wong@wildlife.ca.gov			

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:**

F15AS00092

* 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.):

Chico Co, Butte Co,

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

NCR FISHERIES HABITAT SHOP

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="498,553.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="166,184.00"/>
* 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="664,737.00"/>

* 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:

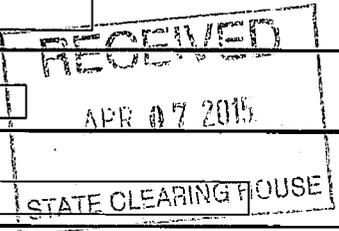
* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424 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): _____
---	---	--

* 3. Date Received: 04/07/2015	4. Applicant Identifier: _____
--	--

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



State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598022
---	--

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:	1416 9TH STREET
Street2:	SUITE 1211
* City:	SACRAMENTO
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-5515

e. Organizational Unit:

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

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

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

Organizational Affiliation:

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

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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: <input type="text" value="A: State Government"/> Type of Applicant 2: Select Applicant Type: <input type="text"/> Type of Applicant 3: Select Applicant Type: <input type="text"/> * Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: <input type="text" value="Fish and Wildlife Service"/>	
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="15.611"/> CFDA Title: <input type="text" value="Wildlife Restoration and Basic Hunter Education"/>	
* 12. Funding Opportunity Number: <input type="text" value="F15AS00091"/> * Title: <input type="text" value="RB (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies"/>	
13. Competition Identification Number: <input type="text"/> Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="Lassen(1), Modoc(1), Siskiyou(1), Shasta,(1) Tehama(1), Humboldt(2), Del Norte(2), Mendocino(2), Trinity(2)"/>	
* 15. Descriptive Title of Applicant's Project: <input type="text" value="WILDLIFE AND HABITAT CONSERVATION: NORTHERN REGION LAND AQUISITION PLANNING AND COORDINATION"/>	
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"/>	

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="131,979.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="43,993.00"/>
* 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="175,972.00"/>

* 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): CEO/Cofounder * Other (Specify) Galilee Center
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:	RECEIVED APR 07 2015
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: Galilee Center		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 27-3133601	* c. Organizational DUNS: 053038912	
d. Address:		
* Street 1: 66-101 Hammond Road	Street 2:	
* City: Mecca	County/Parish: Riverside	
* State: CA	Province:	
* Country: USA: UNITED STATES	* Zip / Postal Code: 92254	
e. Organizational Unit:		
Department Name:	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Claudia	
Middle Name:	* Last Name: Castorena	
Suffix:	Title: CFO/Cofounder	
Organizational Affiliation: Galilee Center		
* Telephone Number: (760) 396-9100	Fax Number: (760) 396 5400	
* Email: ccastorena@galileecenter.org		

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Non-profit

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

*** Other (specify):**

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

USDA-RD

11. Catalog of Federal Domestic Assistance Number:

N/A

CFDA Title:

N/A

*** 12. Funding Opportunity Number:**

N/A

*** Title:**

N/A

13. Competition Identification Number:

N/A

Title:

N/A

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

Eastern Riverside County

Add Attachments

Delete Attachments

View Attachments

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

Galilee Center Farm Workers' Facility Community Room Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* 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 type="checkbox"/> Application <input checked="" 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: Increase Award * Other (Specify):
---	---	---

RECEIVED
APR 07 2015
STATE CLEARING HOUSE

* 3. Date Received: 03/13/2015	4. Applicant Identifier: CA Dept of Food & Agriculture
--	--

5a. Federal Entity Identifier: 15-8506-0484-CA	5b. Federal Award Identifier:
--	--------------------------------------

RECEIVED
APR 07 2015

State Use Only:	6. Date Received by State:	7. State Application Identifier: 14-0433-FR
------------------------	-----------------------------------	--

8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 8074876650000
--	---

d. Address:	
* Street1: 1220 N Street	
Street2:	
* City: Sacramento	
County/Parish: Sacramento	
* State: AS: American Samoa	
Province:	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 95814	

e. Organizational Unit:	
Department Name: Food and Agriculture	Division Name: Pierce's Disease Control Prgm

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

Prefix:	* First Name: Roger
Middle Name:	
* Last Name: Spencer	
Suffix:	
Title: Branch Chief	

Organizational Affiliation:

* Telephone Number: (916) 900-5024	Fax Number: (916) 900-5350
---	-----------------------------------

* Email: roger.spencer@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.):

Add Attachment

Delete Attachment

View Attachment

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

Pierce's Disease Control Program/Glassy-winged Sharpshooter

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="12,600,505.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* 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="12,600,505.00"/>

* 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 SF-424

Version 02

* 1. Type of Submission:

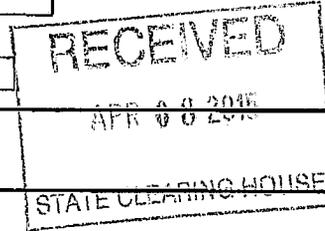
- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)



* 3. Date Received:

03/30/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1598009

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

808322358000

d. Address:

* Street1:

1416 9TH STREET

Street2:

* City:

SACRAMENTO

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

CDFW

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

* First Name:

BRIAN

Middle Name:

* Last Name:

SALAZAR

Suffix:

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

916-323-6201

Fax Number:

* Email:

BRIAN.SALAZAR@WILDLIFE.CA.GOV

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:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F14AS00127

*** Title:**

R8 (CA/NV) State Wildlife 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:**

STATEWIDE SWAINSON'S HAWK INVENTORY AND TREND ANALYSIS

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="384,142.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="206,846.00"/>
* 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="590,988.00"/>

* 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:

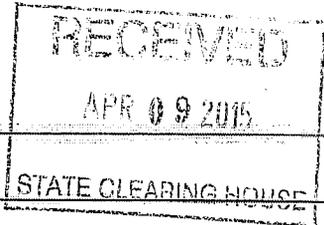
* Telephone Number: Fax Number:

* 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): - Select One - * Other (Specify)
---	---	---



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

5a. Federal Entity Identifier: 3-06-0109	* 5b. Federal Award Identifier:
---	---------------------------------

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

8. APPLICANT INFORMATION:

* a. Legal Name: Imperial County Airport

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000924	* c. Organizational DUNS: 068997570
---	--

d. Address:

* Street1: 1099 Airport Road
Street 2:
* City: Imperial
County: Imperial
* State: California
Province:
Country: United States *Zip/ Postal Code: 92251

e. Organizational Unit:

Department Name: Airport Department	Division Name:
--	----------------

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

Prefix: Mr. First Name: Ralph
Middle Name:
* Last Name: Cordova
Suffix:

Title: County CEO

Organizational Affiliation:
N/A

* Telephone Number: (760) 482-4290	Fax Number: (760) 355-2485
------------------------------------	----------------------------

* Email: ralphcordova@co.imperial.ca.us

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:

N/A

Title:

13. Competition Identification Number: N/A

Title:

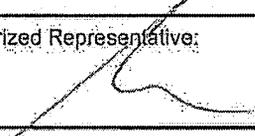
14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Imperial, Imperial County, California

* 15. Descriptive Title of Applicant's Project:

Construct PAPI Phase II

Attach supporting documents as specified in agency instructions.

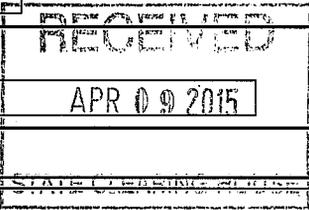
Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 51	*b. Program/Project: 51
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 05/10/2015	*b. End Date: 11/19/2015
18. Estimated Funding (\$):	
*a. Federal	92,150.00
*b. Applicant	4,850.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	97,000.00
*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 <u>04/07/2015</u>	
<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 on next page.)	
<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 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: Mr.	*First Name: Ralph
Middle Name:	
*Last Name: Cordova	
Suffix:	
*Title: County CEO	
*Telephone Number: (760) 482-4290	Fax Number: (760) 355-2485
* Email: ralphcordova@co.imperial.ca.us	
*Signature of Authorized Representative: 	*Date Signed: 4-7-15

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: 04/09/2015	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: The Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	* c. Organizational DUNS: 6045919250000	

d. Address:

* Street1:	2801 Second Street
Street2:	UC ANR Contracts and Grants
* City:	Davis
County/Parish:	Yolo
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95618-7774

e. Organizational Unit:

Department Name: Div. of Ag & Natural Resources	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:	Kendra
Middle Name:	<input type="text"/>		
* Last Name:	Rose		
Suffix:	<input type="text"/>		

Title: Contracts and Grants Analyst

Organizational Affiliation:

* Telephone Number: 530-750-1276	Fax Number: <input type="text"/>
----------------------------------	----------------------------------

* Email: ktrose@ucanr.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

California State Office

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-CA-15-0009

* Title:

Conservation Innovation Grant - 2015

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:**

Oak woodland restoration: assessing treatment effectiveness, cost, and EQIP practices

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="75,000.00"/>
* b. Applicant	<input type="text" value="76,947.00"/>
* 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="151,947.00"/>

*** 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: <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): _____
---	---	--

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	RECEIVED
--	--	-----------------

6a. Federal Entity Identifier: _____	6b. Federal Award Identifier: _____	APR 09 2015
--	---	--------------------

State Use Only: **STATE CLEARING HOUSE**

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

8. APPLICANT INFORMATION:

* a. Legal Name: Michael R. Lammons	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 463-66-5166	* c. Organizational OUNS: 000000000INDV

d. Address:	
* Street1:	14614 E. Shaw Avenue
Street2:	_____
* City:	Sanger
County/Parish:	Fresno
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93657

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: Michael
Middle Name: R.	_____
* Last Name: Lammons	_____
Suffix:	_____
Title: Owner	_____

Organizational Affiliation:	_____
------------------------------------	-------

* Telephone Number: 5596243254	Fax Number: _____
* Email: mikelammons@gmail.com	_____

Application for Federal Assistance SF-424

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

Individual

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

California State Office

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-CA-15-0809

* Title:

Conservation Innovation Grant - 2015

13. Competition Identification Number:

Title:

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

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

Advancement of Paulownia tree farms in Central California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-22

* b. Program/Project CA-22

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 04/07/2015

* b. End Date: 04/07/2019

18. Estimated Funding (\$):

* a. Federal	49,200.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	0.00
* g. TOTAL	49,200.00

* 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 04/09/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

** I AGREE

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

Authorized Representative: *Michael Lammons* 4-9-15

Prefix: Middle Name: R. Last Name: Lammons Suffix:

* Title: Owner

* Telephone Number: 5598243254 Fax Number:

* Email: mikelammons@gmail.com

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

OMB Number: 4040-0004
Expiration Date: 6/31/2016

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

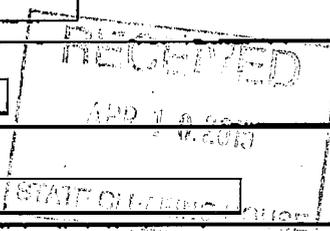
- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:



5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Lake County Watershed Protection District

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

94-6000825

*** c. Organizational DUNS:**

1593549140000

d. Address:

*** Street1:**

255 North Forbes Street

Street2:

Room 309

*** City:**

Lakeport

County/Parish:

Lake County

*** State:**

CA: California

Province:

*** Country:**

USA; UNITED STATES

*** Zip / Postal Code:**

95453-4759

e. Organizational Unit:

Department Name:

Water Resources

Division Name:

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

Prefix:

Mrs.

*** First Name:**

Carolyn

Middle Name:

Elizabeth

*** Last Name:**

Ruttan

Suffix:

Title:

Invasive Species Program Coordinator

Organizational Affiliation:

Lake County government

*** Telephone Number:**

707-263-2256

Fax Number:

707-263-1965

*** Email:**

carolyn.ruttan@lakecountycal.gov

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify).

* 10. Name of Federal Agency:

Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

* 12. Funding Opportunity Number:

10.912

* Title:

Conservation Innovation Grants Fiscal Year (FY) 2015

13. Competition Identification Number:

Title:

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

Application for Federal Assistance SF-424.



* 15. Descriptive Title of Applicant's Project:

Clear Lake Tule Mitigation Bank

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="200,000.00"/>
* b. Applicant	<input type="text" value="200,000.00"/>
* 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="1,000.00"/>
* g. TOTAL	<input type="text" value="401,000.00"/>

*** 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

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

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) _____
--	--	---

* 3. Date Received: 04/10/2015	4. Applicant Identifier: _____	RECEIVED
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15AS00092	APR 13 2015
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State Use Only: **STATE CLEARING HOUSE**

6. Date Received by State: _____	7. State Application Identifier: G1598042
----------------------------------	---

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: 1416 9TH STREET
Street2: _____
* City: SACRAMENTO
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

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

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

Prefix: Mr.	* First Name: Pete
Middle Name: _____	
* Last Name: Marcellana	
Suffix: _____	
Title: Grants Administrator	

Organizational Affiliation: _____

* Telephone Number: (916) 445-4658	Fax Number: (916) 327-6320
------------------------------------	----------------------------

* Email: pete.marcellana@wildlife.ca.gov
--

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:

F15AS00092

* 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.):

Projects are located in river and tributary stream reaches throughout the Klamath River above its confluence with the Trinity River at Weitchpec. Del Norte, Humboldt, Trinity, and Mendocino counties District 2. Siskiyou county District 1.

* 15. Descriptive Title of Applicant's Project:

SALMON AND STEELHEAD MONITORING IN THE KLAMATH RIVER BASIN

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	<input type="text" value="CA-6"/>	* 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"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2015"/>	* b. End Date: <input type="text" value="06/30/2016"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="458,050.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="152,683.00"/>	
* 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="610,733.00"/>	
* 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="04/09/2015"/>
<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		
** 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="BLAINE"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="NICKENS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="CHIEF, GRANTS MANAGEMENT BRANCH"/>	
* Telephone Number:	<input type="text" value="(916) 445-9300"/>	Fax Number: <input type="text" value="(916) 327-6320"/>
* Email:	<input type="text" value="blaine.nickens@wildlife.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Blaine Nickens"/>	* Date Signed: <input type="text" value="04/10/2015"/>

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): _____
--	--	--

* 3. Date Received: 04/10/2015	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15AS00092
---	---

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598058
-------------------------------------	--

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: 1416 9TH STREET
Street2: _____
* City: SACRAMENTO
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

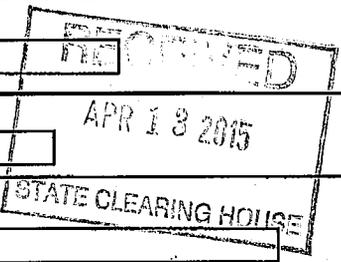
e. Organizational Unit:

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

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

Prefix: Mr.	* First Name: STEVE
Middle Name: _____	
* Last Name: WONG	
Suffix: _____	
Title: GRANTS ADMINISTRATOR	
Organizational Affiliation: _____	

* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320
* Email: steve.wong@wildlife.ca.gov	



Application for Federal Assistance SF-424

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:**

F15AS00092

* 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.):

Alpine, Amador, Calaveras, El Dorado, Lake, Nevada, Placer, Plumas, Sacramento, and Sierra Counties; Congressional Districts 001 and 004.

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

NORTH CENTRAL REGION SPORT FISHERY MANAGEMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-6

* b. Program/Project CA-ALL

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	232,107.00
* b. Applicant	0.00
* c. State	77,369.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	309,476.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 03/20/2015.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (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: BLAINE
Middle Name:
* Last Name: NICKENS
Suffix:

* Title: CHIEF, GRANTS MANAGEMENT BRANCH

* Telephone Number: (916) 445-9300 Fax Number: (916) 327-6320

* Email: steve.wong@wildlife.ca.gov

* Signature of Authorized Representative: Blaine Nickens * Date Signed: 04/10/2015

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): _____
--	--	--

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
---	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	RECEIVED APR 14 2015
---	--	--------------------------------

State Use Only:	6. Date Received by State: _____	7. State Application Identifier: G1598030	STATE CLEARING HOUSE
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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: 1416 9th Street
Street2: _____
* City: Sacramento
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: CA Dept. of Fish & Wildlife	Division Name: Grants Management Branch
---	--

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

Prefix: _____ * 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

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:**

F15AS00092

*** 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, Santa Cruz, and Monterey Counties.

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

South Central Coast Steelhead Restoration and Enhancement 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 CA-005

* b. Program/Project CA-01

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	143,074.00
* b. Applicant	0.00
* c. State	47,691.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	190,765.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 04/08/2015
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Blaine
Middle Name:
* Last Name: Nickens
Suffix:

* Title: Branch Chief

* Telephone Number: (916) 445-9300 Fax Number:

* Email: blaine.nickens@wildlife.ca.gov

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424

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

4. Applicant Identifier:

5a. Fed Entity Identifier:

5b. Federal Award Identifier:

DE-EE0006982

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Energy Commission, California

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

680364962

c. Organizational DUNS:

002540760

d. Address:

Street 1: 1516 Ninth Street MS-18

Street 2:

City: Sacramento

County: SACRAMENTO County

State: CA

Province:

Country: U.S.A.

Zip / Postal Code: 958145512

e. Organizational Unit:

Department Name:

Contracts, Grants and Loans Office

Division Name:

Administrative and Financial Management Services

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

Prefix: Ms First Name: Sandra

Middle Name:

Last Name: Raymos

Suffix:

Title: Associate Governmental Program Analyst

Organizational Affiliation: California Energy Commission

Telephone Number: 9166544584

Fax Number: 9166544423

Email: sandra.raymos@energy.ca.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

9. Type of Applicant:

A State Government

10. Name of Federal Agency:

U. S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81,041

CFDA Title:

State Energy Program

12. Funding Opportunity Number:

DE-SEP-0002015

Title:

State Energy Program 2015

13. Competition Identification Number:

Title:

State Energy Program Formula Award

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

Statewide

15. Descriptive Title of Applicant's Project:

The State Energy Program (SEP) provides grants to states and directs funding to state energy offices from technology programs in DOE's Office of Energy Efficiency and Renewable Energy. States use grants to address their energy priorities and program funding to adopt emerging renewable energy and energy efficiency technologies.

APPLICATION FOR FEDERAL ASSISTANCE SF-424

16. Congressional District Of:

a. Applicant: California Congressional District 05

b. Program/Project: CA-Statewide

Attach an additional list of Program/Project Congressional Districts If needed:

17. Proposed Project:

a. Start Date: 07/01/2015

b. End Date: 06/30/2016

18. Estimated Funding (\$):

a. Federal	2,577,770.00
b. Applicant	0.00
c. State	515,554.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	3,093,324.00

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: 04/15/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

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: Ms First Name: Rachel

Middle Name:

Last Name: Grant Kiley

Suffix:

Title: Manager

Telephone Number: 9166544379

Fax Number: 9166544423

Email: rachel.grant-kiley@energy.ca.gov

Signature of Authorized Representative: Signed Electronically

Date Signed: 04/15/2015

Authorized for Local Reproduction