

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1 - 15, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	
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* 3. Date Received: 03/30/2016	4. Applicant Identifier:
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
--------------------------------	---------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

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

d. Address:

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

e. Organizational Unit:

Department Name: Geography & Environment	Division Name: Coll. Science & Engineering
--	--

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

Prefix:	* First Name: Ellen
Middle Name:	
* Last Name: Hines	
Suffix:	
Title: Professor	
Organizational Affiliation: San Francisco State University	
* Telephone Number: 415-338-3512	Fax Number: 415-435-7120
* Email: ehines@sfsu.edu	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-FHQ-2016-2004889

* Title:

Fisheries International Cooperation and Assistance Program

13. Competition Identification Number:

2558064

Title:

Fisheries International Cooperation and Assistance Program

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

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

Catching the right fish: A toolbox to reduce marine mammal bycatch risk assessment in developing countries

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="99,968.00"/>
* 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="99,968.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Authorized for Local Reproduction

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

[Handwritten Signature]
Mrs Susan Pelton
9/1/16

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: 3-28-16	4. Applicant Identifier: 913836165	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Williams		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000453	* c. Organizational DUNS: 804436509	Governor's Office of Planning & Research
d. Address:		
* Street 1: 810 E Street	APR 01 2016	
Street 2: _____	STATE CLEARINGHOUSE	
* City: Williams		
County/Parish: _____		
* State: CA		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95987		
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: Frank	
Middle Name: _____		
* Last Name: Kennedy		
Suffix: _____		
Title: City Administrator		
Organizational Affiliation: _____		
* Telephone Number: (530) 473-2955	Fax Number: _____	
* Email: fkennedy@cityofwilliams.org		

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

C. City or Township Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

City of Williams

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

City of Williams

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Sludge Processing Improvement Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$4,433,000.00"/>
* 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="\$4,433,000.00"/>

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

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

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

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

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

Yes No

If "Yes, provide explanation and attach.

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

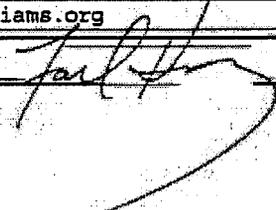
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

March 31, 2016

Grants Coordination
State Clearinghouse
Office of Planning and Research
P.O. Box 3044, Room 222

Governor's Office of Planning & Research

APR 01 2016

STATE CLEARINGHOUSE

SUBMITTED VIA EMAIL: state.clearinghouse@opr.ca.gov

Dear State Clearinghouse Representative:

In compliance with Executive Order 12372, Loyola Marymount University is pleased to submit the SF 424 application for our grant proposal to the **Fisheries International Cooperation and Assistance Program, NOAA-NMFS-FHQ-2016-2004689, CFDA#11.463.**

If you have any questions or if you require additional information, please feel free to contact me at 310-338-5119 or at joseph.mcnicholas@lmu.edu. Thank you for your attention.

Sincerely,

Joseph McNicholas, PhD, MBA
Director

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: 03/31/2016	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Loyola Marymount University		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 951643334	* c. Organizational DUNS: 0729462390000	Governor's Office of Planning & Research APR 01 2016
d. Address:		
* Street1: 1 LMU Drive	STATE CLEARINGHOUSE	
Street2: _____		
* City: Los Angeles		
County/Parish: Los Angeles		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 900452659		
e. Organizational Unit:		
Department Name: Biology	Division Name: College of Sci and Engr	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Demian	
Middle Name: _____		
* Last Name: Willette		
Suffix: _____		
Title: Instructor		
Organizational Affiliation: _____		
* Telephone Number: 3103386425	Fax Number: 3103384479	
* Email: demian.willette@lmu.edu		

Application for Federal Assistance SF-424

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

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-FHQ-2016-2004689

* Title:

Fisheries International Cooperation and Assistance Program

13. Competition Identification Number:

2558064

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Assessing the Utility of Environmental DNA Technology as a Monitoring Tool for IUU Fishing in South and Southeast Asia

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="91,080.00"/>
* b. Applicant	<input type="text" value="5,407.00"/>
* 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="96,487.00"/>

*** 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		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="510 Brush St., L.P."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="TBD"/>	* c. Organizational DUNS: <input type="text" value="TBD"/>	Governor's Office of Planning & Research
d. Address: APR 05 2016		
* Street1: <input type="text" value="21031 Ventura Blvd., Suite 200"/>	STATE CLEARINGHOUSE	
Street2: <input type="text"/>		
* City: <input type="text" value="Woodland Hills"/>		
County/Parish: <input type="text"/>		
* State: <input type="text" value="CA: California"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input type="text" value="91364"/>		
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Lori"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Koester"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Executive Director"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="818-905-2430"/>	Fax Number: <input type="text" value="818-905-2440"/>	
* Email: <input type="text" value="lkoester@corpoffices.org"/>		

Application for Federal Assistance SF-424

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

Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

LP with Nonprofit MGP

* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

NOSA for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2016

13. Competition Identification Number:

Title:

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

W. Kent, Mendocino County, CA

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

See attached project description.

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-027 * b. Program/Project: CA-02

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

17. Proposed Project:
 * a. Start Date: 08/01/2017 * b. End Date: 10/01/2018

18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	499,089.00
* c. State	
* d. Local	
* e. Other	24,245,071.00
* f. Program Income	
* g. TOTAL	27,744,160.00

*** 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 04/05/2016
 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: Lori
 Middle Name:
 * Last Name: Koester
 Suffix:

* Title: Executive Director (its MGP)

* Telephone Number: 818-905-2430 Fax Number:

* Email: lkoester@corpoffices.org

* Signature of Authorized Representative:  * Date Signed: 04/05/2016

BRUSH MEADOW

Brush Meadow will be located in the County of Mendocino and within the City of Ukiah's sphere of influence. This area is known as the Brush Street Triangle. The Ukiah vicinity is now home to some very large production wineries, including Brutocao, Fife, Parducci, Frey, and Bonterra. Mendocino County is home to seven (7) American Viticultural Areas (AVA). Two (2) more areas are pending certification including the Ukiah Valley where vintners are known for innovating with organic and sustainable practices.

The development will be located on an approximate 4.15 acre site. Brush Meadow will be the most innovative and progressive development in the County of Mendocino. Brush Meadow will be designed to be a net-zero-energy development with an "off-grid" feature to reduce dependence on the electrical grid. This development consists of 72 multifamily units featuring photovoltaic and solar thermal preheat systems. The unit mix will consist of twenty-four (24) two-bedroom (approximately 793 square feet), thirty-six (36) three-bedroom (approximately 1,032 square feet) and twelve (12) four-bedroom units (approximately 1,208 square feet). The unit mix reflects the expressed needs of the farmworking community in northern California based on questionnaires and workshops held by Corporation for Better Housing (CBH).

The development will also feature an approximate 1,500 square foot community clubhouse located at the Brush Street entrance that will serve as the focal point for all the resident services offered by the development. The clubhouse will have management offices, a computer lab, laundry facility and multifunctional rooms to be utilized for the resident services.

The estimated construction period is from August 2017 through October 2018. The buildings will be constructed as follows:

- Foundations: perimeter-type reinforced concrete footings with concrete slab floors
- Exterior Walls: stucco
- Roof: pitched
- Number of Stories: two stories

Each unit in the proposed development will include the following amenities: range, frost-free refrigerator, dishwasher, garbage disposal, central heating and air conditioning, granite countertops, coat closet, mini blinds, carpeting, vinyl flooring in kitchen and bathrooms, carpeting in living areas and CAT 5 wiring. All of the houses will be designed for energy efficiency and include energy efficient appliances.

Common area amenities include the on-site community/clubhouse building with common kitchen, computer room with high-speed internet connection, laundry room, barbeque area, play area, tot lot, community gardens, bicycle storage and on-site management.

Energy and Water Conservation Goals:

The development will incorporate the use of solar panels (to be located on the roof and garage) with the goal of off-setting 100% of the energy required to operate the building resulting in the development being a net-zero consumer of energy. The development will incorporate solar thermal pre-heat system in each house to reduce dependence on the electrical grid. Additionally, the development will participate in the Department of Energy (DOE) WaterSense program with the goal of reducing the overall water consumption of the development by incorporating water saving fixtures and employing a water conscience landscape design. Lastly, the development will be seeking certification through the LEED program with the goal of achieving a certification at the Platinum level and the Department of Energy Zero Energy Ready Program.

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 type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="checkbox"/> 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: 1002 Walnut Ave., L.P.

* b. Employer/Taxpayer Identification Number (EIN/TIN): TBD	* c. Organizational DUNS: TBD	Governor's Office of Planning & Research
--	----------------------------------	--

d. Address: APR 05 2016

* Street1:	21031 Ventura Blvd., Suite 200	STATE CLEARINGHOUSE
Street2:		
* City:	Woodland Hills	
County/Parish:		
* State:	CA: California	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	91364	

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:	Lori
Middle Name:		
* Last Name:	Koester	
Suffix:		

Title: Executive Director

Organizational Affiliation:

* Telephone Number:	818-905-2430	Fax Number:	818-905-2440
---------------------	--------------	-------------	--------------

* Email: lkoester@corpoffices.org

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

LP with Nonprofit MGP

* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

NOSA for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2016

13. Competition Identification Number:

Title:

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

Greenfield, Monterey County, CA

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

See attached project description.

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-027

* b. Program/Project CA-020

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2017

* b. End Date: 10/01/2018

18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	394,499.00
* c. State	
* d. Local	
* e. Other	23,156,451.00
* f. Program Income	
* g. TOTAL	26,550,950.00

* 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 04/05/2016.
- 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: Lori

Middle Name:

* Last Name: Koester

Suffix:

* Title: Executive Director (its MGP)

* Telephone Number: 918-905-2430 Fax Number:

* Email: lkoester@corpoffices.org

* Signature of Authorized Representative: 

* Date Signed: 04/05/2016

WALNUT GROVE APARTMENTS

Walnut Grove will be located in the city of Greenfield within the County of Monterey, which is fondly referred to as the "Salad Bowl of the World". Greenfield is also known as the heart of Monterey County's premier wine grape growing region due to favorable soils and climate with over twenty vineyards and wineries within a thirty mile radius. Vineyards, wineries, and wine tasting rooms continue to expand throughout the region.

The development will be located on an approximate 4.26 acre site. Walnut Grove will be the most innovative and progressive development in the City of Greenfield and the likely in the County of Monterey. Walnut Grove will be designed to be a net-zero-energy development with an "off-grid" feature to reduce dependence on the electrical grid. This development consists of 64 multifamily units featuring photovoltaic and solar thermal preheat systems. The unit mix will consist of eight (8) two-bedroom (approximately 793 square feet), thirty-two (32) three-bedroom (approximately 1,032 square feet) and twenty-four (24) four-bedroom units (approximately 1,208 square feet). The unit mix reflects the expressed needs of the farmworking community based on questionnaires and workshops held by Corporation for Better Housing (CBH).

The development will also feature an approximate 1,500 square foot community clubhouse located at the Walnut Avenue entrance that will serve as the focal point for all the resident services offered by the development. The clubhouse will have management offices, a computer lab, laundry facility and multifunctional rooms to be utilized for the resident services. Unique site amenities include a basketball court, community gardens and bicycle storage.

The estimated construction period is from August 2017 through October 2018. The buildings will be constructed as follows:

Foundations:	perimeter-type reinforced concrete footings with concrete slab floors
Exterior Walls:	stucco
Roof:	pitched
Number of Stories:	two stories

Each unit in the proposed development will include the following amenities: range, frost-free refrigerator, dishwasher, garbage disposal, central heating and air conditioning, granite countertops, coat closet, mini blinds, carpeting, vinyl flooring in kitchen and bathrooms, carpeting in living areas and CAT 5 wiring. All of the houses will be designed for energy efficiency and include energy efficient appliances.

Common area amenities include the on-site community/clubhouse building with common kitchen, computer room with high-speed internet connection, basketball court, laundry room, barbeque area, play area, tot lot, community gardens and on-site management.

Energy and Water Conservation Goals:

The development will incorporate the use of solar panels (to be located on the roof and garage) with the goal of off-setting 100% of the energy required to operate the building resulting in the development being a net-zero consumer of energy. The development will incorporate solar thermal pre-heat system in each house to reduce dependence on the electrical grid. Additionally, the development will participate in the Department of Energy (DOE) WaterSense program with the goal of reducing the overall water consumption of the development by incorporating water saving fixtures and employing a water conscience landscape design. Lastly, the development will be seeking certification through the LEED program with the goal of achieving a certification at the Platinum level and the Department of Energy Zero Energy Ready Program.

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

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		<input type="text"/>	
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify):	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		<input type="text"/>	

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:	1020 Kendrea Pl., L.P.	Governor's Office of Planning & Research
------------------	------------------------	--

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

APR 05 2016
STATE CLEARINGHOUSE

d. Address:

* Street1:	21031 Ventura Blvd., Suite 200
Street2:	<input type="text"/>
* City:	Woodland Hills
County/Parish:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	91364

e. Organizational Unit:

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

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

Prefix:	* First Name:	Lori
Middle Name:	<input type="text"/>	
* Last Name:	Koester	
Suffix:	<input type="text"/>	

Title:	Executive Director
--------	--------------------

Organizational Affiliation:	<input type="text"/>
-----------------------------	----------------------

* Telephone Number:	818-905-2430	Fax Number:	818-905-2440
---------------------	--------------	-------------	--------------

* Email:	lkoester@corpoffices.org
----------	--------------------------

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

LP with Nonprofit MGP

* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Governor's Office of Planning & Research

APR 05 2016

STATE CLEARINGHOUSE

* 12. Funding Opportunity Number:

* Title:

NOSA for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2016

13. Competition Identification Number:

Title:

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

McPherson, Kern County, CA

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

See attached project description.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input type="text" value="CA-027"/>	* b. Program/Project <input type="text" value="CA-021"/>
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="08/01/2017"/>	* b. End Date: <input type="text" value="10/01/2018"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="289,085.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="24,963,345.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="28,252,430.00"/>
* 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="04/05/2016"/> .	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Lori"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Koester"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Executive Director (its MGP)"/>	
* Telephone Number: <input type="text" value="818-905-2430"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="lkoester@copoffices.org"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="04/05/2016"/>

KENDREA TERRACE

Kendra Terrace will be located in the city of McFarland within the County of Kern. The development will be located on an approximate 12.46 acre site. The site is located adjacent to Kendra Street and just south of a successful multifamily affordable housing development with a significant waitlist. Kendra Terrace will be the most innovative and progressive development in the City of McFarland and the likely in the County of Kern. Kendra Terrace will be designed to be a net-zero-energy development with an "off-grid" feature to reduce dependence on the electrical grid. This development consists of 68 single family rental homes featuring photovoltaic and solar thermal preheat systems. These single family homes will consist of eight (8) two-bedroom, thirty (30) three-bedroom and thirty (30) four-bedroom homes. The unit mix reflects the expressed needs of the farmworking community based on questionnaires and workshops held by Corporation for Better Housing (CBH).

The development will also feature a 1.45 acre park designed to meet the active and social needs of the residents. The park will feature a basketball court, soccer field, shaded tot-lots, picnic areas and community walking paths and will be planted using California native vegetation. Aside from a visual appeal, the hope is that the park will have complementary benefits to the residents by drawing the residents out of their houses and engaging in additional physical activities. The opportunity to provide additional recreational opportunities will help promote the importance of play for the children of the development. For small children, playing is learning and play has proved to be a critical element in a child's future success. Green spaces build community and research shows that residents of neighborhoods with greenery in common spaces are more likely to enjoy stronger social ties. Environmental benefits include potential pollution abatement and cooling benefits to the surrounding area.

An approximate 1,500 square foot community clubhouse will be located at the entrance of the site and serve as the focal point for all the resident services which will be offered by the development. The clubhouse will have management offices, a computer lab and multifunctional rooms to be utilized for the resident services.

The estimated construction period is from August 2017 through October 2018. The buildings will be constructed as follows:

Building	
<u>Construction:</u>	Type 5-A per California Building Code
<u>Foundations:</u>	perimeter-type reinforced concrete footings with

concrete slab floors on grade with moisture barrier

Exterior Walls: Three coat stucco system with radiant barrier or siding with radiant barrier

Roof: pitched

Number of Stories: 68 Single Family homes (single story) + 1 community room

Each single family home in the proposed development will include the following amenities: washer and dryer, garage, range, frost-free refrigerator, dishwasher, garbage disposal, central heating and air conditioning, granite countertops, coat closet, mini blinds, carpeting, vinyl flooring in kitchen and bathrooms, carpeting in living areas and CAT 5 wiring. All of the houses will be designed for energy efficiency and include energy efficient appliances.

Common area amenities include the on-site community/clubhouse building with common kitchen, computer room with high-speed internet connection, 1.45 acre park with basketball court, soccer field, barbeque area, play area, shaded tot lot and on-site management.

Energy and Water Conservation Goals:

The development will incorporate the use of solar panels (to be located on the roof and garage) with the goal of off-setting 100% of the energy required to operate the building resulting in the development being a net-zero consumer of energy. The development will incorporate solar thermal pre-heat system in each house to reduce dependence on the electrical grid. Additionally, the development will participate in the Department of Energy (DOE) WaterSense program with the goal of reducing the overall water consumption of the development by incorporating water saving fixtures and employing a water conscience landscape design. Lastly, the development will be seeking certification through the LEED program with the goal of achieving a certification at the Platinum level and the Department of Energy Zero Energy Ready Program.

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

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 type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	<input type="text"/>
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		* Other (Specify): <input type="text"/>

* 3. Date Received: 4/12/2016	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:

STATE CLEARINGHOUSE

* a. Legal Name: Pacific Southwest Community Development Corporation	* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0673939	* c. Organizational DUNS: 135526148
--	--	---

d. Address:

* Street1:	16935 West Bernardo Drive
Street2:	Suite 238
* City:	San Diego
County/Parish:	San Diego
* State:	CA
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92127

e. Organizational Unit:

Department Name: PSCDC	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:	Jordan
Middle Name:	<input type="text"/>		
* Last Name:	Penn		
Suffix:	<input type="text"/>		
Title:	Chief Development Officer		

Organizational Affiliation:
Chelsea Investment Corporation (Developer)

* Telephone Number: 760-456-6000 x103	Fax Number: 760-456-6001
---	------------------------------------

* Email: **JPenn@chelseainvestco.com**

Application for Federal Assistance SF-424

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

M: Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

10.405: Farm Labor Housing Loans and Grants / 10.427: Rural Rental Assistance Payments

* 12. Funding Opportunity Number:

2016-00483

* Title:

Notice of Solicitation of Applications (NSA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2016

13. Competition Identification Number:

N/A

Title:

N/A

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

El Centro, Imperial County, CA

Add Attachment

Delete Attachment

View Attachments

* 15. Descriptive Title of Applicant's Project:

Countryside II - (New Multifamily Affordable Housing 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 CA-052

* b. Program/Project CA-051

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

Attachment management buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 10/01/17

* b. End Date: 8/01/18

18. Estimated Funding (\$):

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

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

Attachment management buttons: Add Attachment, Delete Attachment, View Attachment

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

I AGREE

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

Authorized Representative:

Prefix: [] * First Name: Robert

Middle Name: []

* Last Name: Laino

Suffix: []

* Title: Chief Development Officer

* Telephone Number: 858-675-0506 Fax Number: 858-675-0702

* Email: robertlaino@gmail.com

* Signature of Authorized Representative: *Robert Laino* * Date Signed: []

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

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 type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	<input type="text"/>
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="checkbox"/>	<input type="checkbox"/>	* Other (Specify): <input type="text"/>

* 3. Date Received: 4/12/2016	4. Applicant Identifier: Governor's Office of Planning & Research
---	---

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: APR 06 2016
--	---

State Use Only: **STATE CLEARINGHOUSE**

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

8. APPLICANT INFORMATION:

* a. Legal Name: Pacific Southwest Community Development Corporation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0673939	* c. Organizational DUNS: 135526148

d. Address:

* Street1:	16935 West Bernardo Drive
Street2:	Suite 238
* City:	San Diego
County/Parish:	San Diego
* State:	CA
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92127

e. Organizational Unit:

Department Name: PSCDC	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: Jordan
Middle Name: <input type="text"/>	
* Last Name: Penn	
Suffix: <input type="text"/>	
Title: President/Executive Director	

Organizational Affiliation:
Chelsea Investment Corporation (Developer)

* Telephone Number: 760-456-6000 x103	Fax Number: 760-456-6001
* Email: JPenn@chelseainvestco.com	

Application for Federal Assistance SF-424

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

M: Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

10.405: Farm Labor Housing Loans and Grants / 10.427: Rural Rental Assistance Payments

* 12. Funding Opportunity Number:

2016-00483

* Title:

Notice of Solicitation of Applications (NOSA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2016

13. Competition Identification Number:

N/A

Title:

N/A

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

Calexico, Imperial County, CA, USA

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Calexico Ramin Apartments (New Multifamily Affordable Housing 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 CA052

* b. Program/Project CA051

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 6/01/17

* b. End Date: 4/01/18

18. Estimated Funding (\$):

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

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

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:

Prefix: [] * First Name: Robert

Middle Name: []

* Last Name: Laing

Suffix: []

* Title: President/Executive Director

* Telephone Number: 858-675-0506 Fax Number: 858-675-0702

* Email: robertlaing@pswcdc.org

* Signature of Authorized Representative: [Handwritten Signature]

* Date Signed: 4/11/2016

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:

4/12/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

Governor's Office of Planning & Research

State Use Only:

6. Date Received by State:

7. State Application Identifier:

APR 06 2016

8. APPLICANT INFORMATION:

STATE CLEARINGHOUSE

* a. Legal Name:

Pacific Southwest Community Development Corporation

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

33-0673939

* c. Organizational DUNS:

135526148

d. Address:

* Street1:

16935 West Bernardo Drive

Street2:

Suite 238

* City:

San Diego

County/Parish:

San Diego

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92127

e. Organizational Unit:

Department Name:

PSCDC

Division Name:

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

Prefix:

Middle Name:

* Last Name:

Suffix:

* First Name:

Jordan

Perin

Title:

President/Executive Director

Organizational Affiliation:

Chelsea Investment Corporation (Developer)

* Telephone Number:

760-456-6000 x103

Fax Number:

760-456-6001

* Email:

JPenn@chelseainvestco.com

Application for Federal Assistance SF-424

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

M: Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

10.405: Farm Labor Housing Loans and Grants / 10.427: Rural Rental Assistance Payme

* 12. Funding Opportunity Number:

2016-00483

* Title:

Notice of Solicitation of Applications (NOSA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2016

13. Competition Identification Number:

N/A

Title:

N/A

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

Delano Kern County, CA, USA

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Delano Family Apartments - (New Multifamily Affordable Housing 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 CA-052

* b. Program/Project CA-051

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

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 10/01/17

* b. End Date: 8/01/18

18. Estimated Funding (\$):

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

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

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

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

**I AGREE

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

Authorized Representative:

Prefix: * First Name: Robert

Middle Name:

* Last Name: Laino

Suffix:

* Title: President/Executive Director

* Telephone Number: 858-675-0506 Fax Number: 858-675-0702

* Email: robertlaino@pswcd.org

* Signature of Authorized Representative:

* Date Signed: 4/4/2016

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 type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	<input type="text"/>
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		* Other (Specify): <input type="text"/>

* 3. Date Received: 4/12/2016	4. Applicant Identifier: <input type="text"/>
---	--

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: Governor's Office of Planning & Research
--	--

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: APP 06 2016
--	--

8. APPLICANT INFORMATION: **STATE CLEARINGHOUSE**

* a. Legal Name: **Pacific Southwest Community Development Corporation**

* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0673939	* c. Organizational DUNS: 135526148
--	---

d. Address:

* Street1:	16935 West Bernardo Drive
Street2:	Suite 238
* City:	San Diego
County/Parish:	San Diego
* State:	CA
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92127

e. Organizational Unit:

Department Name: PSCDC	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: Jordan
Middle Name: <input type="text"/>	
* Last Name: Perrin	
Suffix: <input type="text"/>	

Title: **President/Executive Director**

Organizational Affiliation:
Chelsea Investment Corporation (Developer)

* Telephone Number: 760-456-6000 x103	Fax Number: 760-456-6001
--	---------------------------------

* Email: **JPerrin@chelseainvestco.com**

Application for Federal Assistance SF-424

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

M: Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

10.405: Farm Labor Housing Loans and Grants / 10.427: Rural Rental Assistance Payme

* 12. Funding Opportunity Number:

2016-00483

* Title:

Notice of Solicitation of Applications (NOSA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2016

13. Competition Identification Number:

N/A

Title:

N/A

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

Delano Kern County, CA, USA

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Delano Family Apartments - (New Multifamily Affordable Housing 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 CA-052

* b. Program/Project CA-051

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

Attachment management buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 10/01/17

* b. End Date: 8/01/18

18. Estimated Funding (\$):

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

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

Attachment management buttons: Add Attachment, Delete Attachment, View Attachment

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

I AGREE

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

Authorized Representative:

Prefix: * First Name: Robert

Middle Name:

* Last Name: Laing

Suffix:

* Title: President/Executive Director

* Telephone Number: 858-675-0506 Fax Number: 858-675-0702

* Email: robertlaing@pswcdc.org

* Signature of Authorized Representative: *Robert Laing*

* Date Signed: 4/4/2016

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
6a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:	Governor's Office of Planning & Research	
6. Date Received by State: _____	7. State Application Identifier: APR 07 2016	
8. APPLICANT INFORMATION: STATE CLEARINGHOUSE		
* a. Legal Name: 2600 Apricot St., L.P.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): TBD	* c. Organizational DUNS: TBD	
d. Address:		
* Street1:	21031 Ventura Blvd., Suite 200	
Street2:	_____	
* City:	Woodland Hills	
County/Parish:	_____	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	91364	
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: Lori	
Middle Name: _____	_____	
* Last Name: Koester	_____	
Suffix: _____	_____	
Title: Executive Director	_____	
Organizational Affiliation: _____		
* Telephone Number: 818-905-2430	Fax Number: 818-905-2440	
* Email: lkoester@corpoffices.org		

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

LP with Nonprofit MGP

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

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

*** 12. Funding Opportunity Number:**

*** Title:**

NOSA for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2016

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:**

See attached project description.

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-027 * b. Program/Project: CA-003

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

17. Proposed Project:
 * a. Start Date: 08/01/2017 * b. End Date: 10/01/2018

18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	457,195.00
* c. State	
* d. Local	
* e. Other	25,593,851.00
* f. Program Income	
* g. TOTAL	29,051,046.00

*** 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 04/07/2016
 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 28, Section 1001)**
 ** I AGREE
 ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Lori
 Middle Name:
 * Last Name: Koester
 Suffix:
 * Title: Executive Director (its MGP)
 * Telephone Number: 818-905-2430 Fax Number:
 * Email: lkoester@corpoffices.org
 * Signature of Authorized Representative:  * Date Signed: 04/07/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 04/01/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	APR 07 2016 STATE CLEARINGHOUSE
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698079	
B. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9th Street	Street2: _____	
* City: Sacramento	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: CDFW	Division Name: Federal Assistance Section	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Melissa	Middle Name: _____
* Last Name: Jones	Suffix: _____	
Title: Grant Administrator		
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	* Fax Number: _____	
* Email: melissa.jones@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

***12. Funding Opportunity Number:**

F16AS00077

*** Title:**

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Wildlife Habitat Development and Maintenance: Region 5 Ecological Reserves South Coast Region (South Lands)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="CA-006"/>	* b. Program/Project: <input type="text" value="CA-ALL"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="07/01/2016"/>	* b. End Date: <input type="text" value="06/30/2017"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="493,140.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="164,380.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="15,636.00"/>
* g. TOTAL	<input type="text" value="673,156.00"/>
* 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="04/01/2016"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1004)	
<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="Ms."/>	* First Name: <input type="text" value="Lisa"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Bays"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="SSM I"/>	
* Telephone Number: <input type="text" value="916-445-3701"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="lisa.bays@wildlife.ca.gov"/>	
* Signature of Authorized Representative: <input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="04/01/2016"/>

Application for Federal Assistance SF-424

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

* 3. Date Received: 04/06/2016	4. Applicant Identifier: _____
--	--

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

Governor's Office of Planning & Research
APR 07 2016

State Use Only: **STATE CLEARINGHOUSE**

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

8. APPLICANT INFORMATION:

* a. Legal Name: Trout Unlimited, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 38-1612715	* c. Organizational DUNS: 0516981320000

d. Address:

* Street1: P.O. Box 1966
Street2: _____
* City: Fort Bragg
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95437-0000

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: Lisa
Middle Name: _____	
* Last Name: Bolton	
Suffix: _____	
Title: _____	
Organizational Affiliation: _____	
* Telephone Number: 707.962.0115	Fax Number: _____
* Email: lbolton@tu.org	

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2016-2004800

* Title:

Community-based Restoration Program Coastal and Marine Habitat Restoration Grants

13. Competition Identification Number:

2577382

Title:

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

2016_Lost Coast_SF-424-Question 14.pdf

Add Attachment

Delete Attachment

View Attachment

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

Restoring Coho Salmon Habitat and Populations within the Lost-Coast Diversity Strata

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="321,253.00"/>
* b. Applicant	<input type="text" value="322,459.00"/>
* 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="643,712.00"/>

*** 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

* 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: 04/07/2016	4. Applicant Identifier: _____
--	--

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

Governor's Office of Planning & Research
APR 07 2016
STATE CLEARINGHOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Sacramento Regional Transit District	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1338218	* c. Organizational DUNS: 0489471390000

d. Address:

* Street1: 1400 29th St./ PO Box 2110
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95812-2110

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: Joe
Middle Name: _____	
* Last Name: Paglieroni	
Suffix: _____	
Title: _____	
Organizational Affiliation: _____	
* Telephone Number: (916) 321-2956	Fax Number: _____
* Email: JPaglieroni@sacrt.com	

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:
[Empty field]

Type of Applicant 3: Select Applicant Type:
[Empty field]

* Other (specify):
[Empty field]

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.075

CFDA Title:
Rail and Transit Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-16-GPD-075-00-02

* Title:
Fiscal Year 2016 Transit Security Grant Program (TSGP)

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

[Empty field]

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

Anti-terrorism Surge Patrols; License Plate Reader Packages; Handheld Portable Radios; Security Awareness Training

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input style="width: 80px;" type="text" value="CA-006"/>	* b. Program/Project <input style="width: 80px;" type="text" value="CA-006"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input style="width: 300px;" type="text" value="Additional Congressional Districts.xlsx"/>	<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 style="width: 80px;" type="text" value="09/01/2016"/>	* b. End Date: <input style="width: 80px;" type="text" value="08/31/2019"/>
18. Estimated Funding (\$):	
* a. Federal	<input style="width: 150px;" type="text" value="375,000.00"/>
* b. Applicant	<input style="width: 150px;" type="text" value="0.00"/>
* c. State	<input style="width: 150px;" type="text" value="0.00"/>
* d. Local	<input style="width: 150px;" type="text" value="0.00"/>
* e. Other	<input style="width: 150px;" type="text" value="0.00"/>
* f. Program Income	<input style="width: 150px;" type="text" value="0.00"/>
* g. TOTAL	<input style="width: 150px;" type="text" value="375,000.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input style="width: 100px;" type="text" value="04/06/2016"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input style="width: 300px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input style="width: 150px;" type="text"/>	* First Name: <input style="width: 250px;" type="text" value="Joe"/>
Middle Name: <input style="width: 350px;" type="text"/>	
* Last Name: <input style="width: 650px;" type="text" value="Paglieroni"/>	
Suffix: <input style="width: 150px;" type="text"/>	
* Title: <input style="width: 500px;" type="text" value="Grants Analyst"/>	
* Telephone Number: <input style="width: 300px;" type="text" value="916.321.2956"/>	Fax Number: <input style="width: 200px;" type="text"/>
* Email: <input style="width: 750px;" type="text" value="JPaglieroni@sacrt.com"/>	
* Signature of Authorized Representative: <input style="width: 200px;" type="text" value="Joe Paglieroni"/>	* Date Signed: <input style="width: 150px;" type="text" value="04/07/2016"/>

Application for Federal Assistance SF-424

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

* 3. Date Received: <input type="text" value="04/04/2016"/>	4. Applicant Identifier: <input type="text"/>
---	---

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text" value="APR 07 2016"/>
---	--

State Use Only: **STATE CLEARINGHOUSE**

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

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="931137247"/>	* c. Organizational DUNS: <input type="text" value="042514985"/>
--	--

d. Address:

* Street1:	<input type="text" value="1600 Holloway Ave"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="San Francisco"/>
County:	<input type="text" value="San Francisco"/>
* State:	<input type="text" value="CA; California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA; UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="94132-1722"/>

e. Organizational Unit:

Department Name: <input type="text" value="Romberg Tiburon Center"/>	Division Name: <input type="text" value="Coll. Science & Engineering"/>
--	---

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

Prefix: <input type="text"/>	* First Name: <input type="text" value="William"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Kimmerer"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="415-338-3515"/>	Fax Number: <input type="text"/>
---	----------------------------------

* Email:

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:**

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G16AS00003

* Title:

USGS Non-Competitive Assistance FY 2016 - Sacramento Acquisition Branch

13. Competition Identification Number:

G16AS00003

Title:

USGS Non-Competitive Assistance FY 2016 - Sacramento Acquisition Branch

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

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

CASCaDE II: Computational Assessments of Scenarios of Change for the Delta Ecosystem

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="20,000.00"/>
* 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="20,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Authorized for Local Reproduction

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

Susan Pelton
 for Susan Pelton

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: 03/17/2016	4. Applicant Identifier: Governor's Office of Planning & Research	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: APR 07 2016 STATE CLEARINGHOUSE	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698044	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: CA DEPART OF FISH AND WILDLIFE	Division Name: FEDERAL ASSISTANCE SECTION	
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: GRANT 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

*** 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:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

FISH HATCHERY OPERATIONS-FISH HEALTH LABORATORY

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="408,179.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="136,060.00"/>
* 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="544,239.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

03/18/2016

4. Applicant Identifier:

CA Dept. of Food & Agriculture

Governor's Office of Planning & Research

APR 07 2016

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

16-8506-0572-CA

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State: 03/18/2016

7. State Application Identifier: _____

8. APPLICANT INFORMATION:

*** a. Legal Name:** California Department of Food and Agriculture

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

68-0325104

*** c. Organizational DUNS:**

8074876650000

d. Address:

* Street1: 1220 N Street
Street2: Room 325
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814-5603

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

PHPPS

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

Prefix: _____ * First Name: Duane
Middle Name: _____
* Last Name: Schnabel
Suffix: _____

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: 916-654-0312

Fax Number: 916-654-0986

* Email: duane.schnabel@cdfa.ca.gov

Application for Federal Assistance SF-424

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

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:**

Phytophthora ramorum

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="1,338,995.00"/>
* 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="1,338,995.00"/>

*** 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 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): Governor's Office of Planning & Research <input type="text"/> * Other (Specify): APR 07 2016 <input type="text"/> STATE CLEARINGHOUSE
* 3. Date Received: 03/17/2016	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: G1698062	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9th Street	<input type="text"/>	
Street2:	<input type="text"/>	
* City: Sacramento	<input type="text"/>	
County/Parish:	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province:	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 95811-7011	<input type="text"/>	
e. Organizational Unit:		
Department Name: CDFW	Division Name: Federal Assistance Section	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Brian	<input type="text"/>
Middle Name:	<input type="text"/>	
* Last Name: Salazar	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: Grant Administrator		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 916-327-0062	Fax Number: <input type="text"/>	
* Email: Brian.Salazar@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F16AS00079

* 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.):

Add Attachment

Delete Attachment

View Attachment

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

ECOREGIONAL BASELINE AND TREND MONITORING OF WILDLIFE SPECIES AND COMMUNITIES OF NORTHERN SIERRA NEVADA

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-006	* b. Program/Project: CA-001
Attach an additional list of Program/Project Congressional Districts if needed:	
G1698062 Cngrsl Dist.s.docx	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: 07/01/2016	* b. End Date: 06/30/2017
18. Estimated Funding (\$):	
* a. Federal	295,848.00
* b. Applicant	0.00
* c. State	159,303.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	455,151.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 03/17/2016 <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE <small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>	
Authorized Representative:	
Prefix:	* First Name: Lisa
Middle Name:	
* Last Name:	Bays
Suffix:	
* Title:	Staff Services Manager I
* Telephone Number: 916-445-3701	Fax Number:
* Email: Lisa.Bays@wildlife.ca.gov	
* Signature of Authorized Representative: Lisa Bays	* Date Signed: 03/17/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication. <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 03/29/2016	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: G1698011	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION	
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: _____	
Organizational Affiliation: _____		
* Telephone Number: (916) 445-4658	Fax Number: _____	
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

Governor's Office of Planning & Research
APR 07 2016
STATE CLEARINGHOUSE

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

*** Title:**

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

13. Competition Identification Number:

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

DISTRICT BIOLOGIST NORTHERN REGION SPORTFISH ENHANCEMENT

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="157,032.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="52,344.00"/>
* 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="209,376.00"/>

*** 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 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): Governor's Office of Planning & Research
* 3. Date Received: 03/29/2016	4. Applicant Identifier: APR 07 2016 STATE CLEARINGHOUSE	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698046	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: CA DEPT OF FISH AND WILDLIFE	Division Name: FEDERAL ASSISTANCE SECTION	
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

*** 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:**

FL6AS00078

*** Title:**

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

CALIFORNIA FISH SCREEN AND FISH PASSAGE PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* 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="132,245.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="44,082.00"/>
* 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="176,327.00"/>

*** 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 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): Governor's Office of Economic Planning & Research
* 3. Date Received: 03/29/2016	4. Applicant Identifier: _____ APR 17 2016 STATE CLEARINGHOUSE	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: G1698013	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA	_____	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	_____	
Street2: _____	_____	
* City: SACRAMENTO	_____	
County/Parish: _____	_____	
* State: CA: California	_____	
Province: _____	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION	
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: _____		
Organizational Affiliation: _____		
* Telephone Number: (916) 445-4658	Fax Number: _____	
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

*** Title:**

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

MAD RIVER HATCHERY, FISH HATCHERY OPERATIONS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-006

* b. Program/Project: CA-ALL

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

17. Proposed Project:

* a. Start Date: 07/01/2016

* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	296,643.00
* b. Applicant	0.00
* c. State	98,881.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	395,524.00

*** 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 03/29/2016
- 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: LISA
Middle Name:
* Last Name: BAYS
Suffix:

* Title: SSML, FAS

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

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

* Signature of Authorized Representative: Lisa Bays * Date Signed: 03/29/2016

Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____	
* 3. Date Received: 03/30/2016	4. Applicant Identifier: _____ <i>Governor's Office of Planning & Research</i>
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____ <i>APR 07 2016</i> <i>STATE CLEARINGHOUSE</i>
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: G1698074
8. APPLICANT INFORMATION:	
* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
d. Address:	
* Street1: 1831 9th Street	_____
Street2:	_____
* City: Sacramento	_____
County/Parish:	_____
* State: CA: California	_____
Province:	_____
* Country: USA: UNITED STATES	_____
* Zip/ Postal Code: 95811-7011	_____
e. Organizational Unit:	
Department Name: CDFW	Division Name: Federal Assistance Section
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms.	* First Name: Melissa
Middle Name:	_____
* Last Name: Jones	_____
Suffix:	_____
Title: Grant Administrator	
Organizational Affiliation: _____	
* Telephone Number: 916-327-0062	Fax Number: _____
* Email: melissa.jones@wildlife.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

FI6AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Wildlife Habitat Inventories and Research: Refuge Water Supply Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* 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="151,994.00"/>
* 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="50,665.00"/>
* g. TOTAL	<input type="text" value="202,659.00"/>

*** 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 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: 03/30/2016	4. Applicant Identifier: _____ Governor's Office of Planning & Research
-----------------------------------	---

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____ APR 07 2016 STATE CLEARINGHOUSE
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1698068
----------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000

d. Address:

* Street1: 1831 9th Street
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: CDFW	Division Name: Federal Assistance Section
-----------------------	---

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

Prefix: Mr.	* First Name: Brian
Middle Name: _____	
* Last Name: Salazar	
Suffix: _____	
Title: Grant Administrator	
Organizational Affiliation: _____	
* Telephone Number: 916-327-0062	Fax Number: _____
* Email: Brian.Salazar@wildlife.ca.gov	

Application for Federal Assistance SF-424.

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F16AS00079

* 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.):

Add Attachment

Delete Attachment

View Attachment

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

TRICOLORRED BLACKBIRD LIFE HISTORY AND NON-BREEDING SEASON DISTRIBUTION AND HABITAT USE

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="68,431.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="36,847.00"/>
* 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="105,278.00"/>

*** 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, on an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: 03/30/2016	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

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

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: 61698035
----------------------------------	--

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000

d. Address:

* Street1: 1831 9TH STREET
Street2: _____
* City: SACRAMENTO
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814-7011

e. Organizational Unit:

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

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

Prefix: _____	* First Name: MELISSA
Middle Name: _____	
* Last Name: JONES	
Suffix: _____	

Title: _____

Organizational Affiliation: _____

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

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

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Governor's Office of Planning & Research

Type of Applicant 3: Select Applicant Type:

APR 07 2016

STATE CLEARINGHOUSE

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F16AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

CALIFORNIA HUNTER EDUCATION PROGRAM
Basic Hunter Education (Section 4) and Advanced Hunter Education (Section 10) Included

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="2,022,417.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="674,139.00"/>
* 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="2,696,556.00"/>

*** 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	
* 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): _____ Governor's Office of Planning & Research	
* 3. Date Received: 04/01/2016	4. Applicant Identifier: _____ APR 07 2016
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: STATE CLEARINGHOUSE
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: G1698080
8. APPLICANT INFORMATION:	
* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
d. Address:	
* Street1: 1831 9th Street	_____
Street2:	_____
* City: Sacramento	_____
County/Parish:	_____
* State: CA: California	_____
Province:	_____
* Country: USA: UNITED STATES	_____
* Zip / Postal Code: 95811-7011	_____
e. Organizational Unit:	
Department Name: CDFW	Division Name: Federal Assistance Section
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms.	* First Name: Melissa
Middle Name:	_____
* Last Name: Jones	_____
Suffix:	_____
Title: Grant Administrator	_____
Organizational Affiliation: _____	
* Telephone Number: 916-327-0062	Fax Number: _____
* Email: melissa.jones@wildlife.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F16AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Wildlife Habitat Development and Maintenance: Region 5 Hollenbeck Canyon Wildlife Area and San Felipe Valley Wildlife Area

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="CA-006"/>	* b. Program/Project: <input type="text" value="CA-ALL"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="07/01/2016"/>	* b. End Date: <input type="text" value="06/30/2017"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="341,715.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="115,636.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="1,980.00"/>
* g. TOTAL	<input type="text" value="459,331.00"/>
* 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="04/01/2016"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Lisa"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Bays"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="SSM I"/>	
* Telephone Number: <input type="text" value="916-445-3701"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="lisa.bays@wildlife.ca.gov"/>	
* Signature of Authorized Representative: <input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="04/01/2016"/>

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 04/01/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research APR 07 2016 STATE CLEARINGHOUSE
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698030	
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9th Street	_____	
Street2:	_____	
* City: Sacramento	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CDFW	Division Name: Federal Assistance Section	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Melissa	
Middle Name: _____	_____	
* Last Name: Jones	_____	
Suffix: _____	_____	
Title: Grant Administrator		
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	Fax Number: _____	
* Email: melissa.jones@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F16AS00077

*** Title:**

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

CALIFORNIA WILDLIFE RESTORATION COORDINATION

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="373,582.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="124,527.00"/>
* 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="498,109.00"/>

*** 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 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: 03/30/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research APR 07 2016 STATE CLEARINGHOUSE
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698053	
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1:	1831 9th Street	
Street2:	_____	
* City:	Sacramento	
County/Parish:	_____	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95811-7011	
e. Organizational Unit:		
Department Name: CDFW	Division Name: Federal Assistance Section	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Melissa	
Middle Name:	_____	
* Last Name: Jones	_____	
Suffix:	_____	
Title: Grant Administrator		
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	Fax Number: _____	
* Email: melissa.jones@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F16AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Wildlife Habitat Development and Maintenance: Region 5 Northern Unstaffed Lands and Ballona Wetlands Ecological Reserve

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="383,231.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="127,744.00"/>
* 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="510,975.00"/>

*** 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	
* 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): _____	
Governor's Office of Planning & Research APR 07 2016	
* 3. Date Received: 03/29/2016	4. Applicant Identifier: _____ STATE CLEARINGHOUSE
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: G1698082
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____
8. APPLICANT INFORMATION:	
* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
d. Address:	
* Street1: 1831 9th Street	_____
Street2:	_____
* City: Sacramento	_____
County/Parish:	_____
* State: CA: California	_____
Province:	_____
* Country: USA: UNITED STATES	_____
* Zip / Postal Code: 95811-7011	_____
e. Organizational Unit:	
Department Name: CDFW	Division Name: Federal Assistance Section
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: CDFW	
* Telephone Number: 916-327-0062	Fax Number: _____
* Email: Melissa.Jones@wildlife.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F16AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Wildlife Habitat Development and Maintenance: Region 6 Imperial Wildlife Area and San Jacinto Wildlife Area

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="1,431,124.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="477,041.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="18,900.00"/>
* g. TOTAL	<input type="text" value="1,927,065.00"/>

*** 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 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: 03/29/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research APR 07 2016
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	STATE CLEARINGHOUSE
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698021	
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9th Street	_____	
Street2:	_____	
* City: Sacramento	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CDFW	Division Name: Federal Assistance Section	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Melissa	_____
Middle Name:	_____	
* Last Name: Jones	_____	
Suffix:	_____	
Title: Grant Administrator		
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	Fax Number: _____	
* Email: melissa.jones@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F16AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Wildlife Inventories and Research: Northern Region Non-Game

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="172,257.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="57,419.00"/>
* 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="229,676.00"/>

*** 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 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: 03/29/2016	4. Applicant Identifier: _____ Governor's Office of Planning & Research
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: GI698014 APR 07 2016
State Use Only: STATE CLEARINGHOUSE	
6. Date Received by State: _____	7. State Application Identifier: _____
8. APPLICANT INFORMATION:	
* a. Legal Name: STATE OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
d. Address:	
* Street1: 1831 9TH STREET	_____
Street2:	_____
* City: SACRAMENTO	_____
County/Parish:	_____
* State: CA: California	_____
Province:	_____
* Country: USA: UNITED STATES	_____
* Zip / Postal Code: 95811-7011	_____
e. Organizational Unit:	
Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION
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: _____	
Organizational Affiliation: _____	
* Telephone Number: (916) 445-4658	Fax Number: _____
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

NORTH CENTRAL DISTRICT SALMON AND STEELHEAD MANAGEMENT

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="301,571.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="100,523.00"/>
* 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="402,094.00"/>

*** 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 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: 03/28/2016	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: G1698016	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	_____	
Street2:	_____	
* City: SACRAMENTO	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION	
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: _____		
Organizational Affiliation: _____		
* Telephone Number: (916) 445-4658	Fax Number: _____	
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

Governor's Office of Planning & Research
APR 07 2016
STATE CLEARINGHOUSE

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

SALMON & 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

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="462,484.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="154,161.00"/>
* 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="616,645.00"/>

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

Governor's Office of Planning & Research

* 3. Date Received: 03/28/2016	4. Applicant Identifier: _____
--	--

APR 07 2016

STATE CLEARINGHOUSE

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: G1698009
--	--

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	

d. Address:

* Street1:	1831 9TH STREET
Street2:	_____
* City:	SACRAMENTO
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

e. Organizational Unit:

Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION
---------------------------------	---

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: _____

Organizational Affiliation: _____

* Telephone Number: (916) 445-4658	Fax Number: _____
---	--------------------------

*** Email:** PETE.MARCELLANA@WILDLIFE.CA.GOV

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

*** Title:**

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

UPPER SACRAMENTO RIVER SALMON AND STEELHEAD RESOURCE ASSESSMENT

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="241,834.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="80,611.00"/>
* 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="322,445.00"/>

*** 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 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): _____ Governor's Office of Planning & Research * Other (Specify): _____ APR 07 2016
* 3. Date Received: 03/28/2016	4. Applicant Identifier: _____ STATE CLEARINGHOUSE	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: G1698012	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	_____	
Street2:	_____	
* City: SACRAMENTO	_____	
County/Parish:	_____	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CDEFW	Division Name: FEDERAL ASSISTANCE SECTION	
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: _____		
Organizational Affiliation: _____		
* Telephone Number: (916) 445-4658	Fax Number: _____	
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

NORTHERN REGION FISH SCREEN, PASSAGE AND SPORT FISH ENHANCEMENT

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="747,915.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="249,305.00"/>
* 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="997,220.00"/>

*** 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 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: 03/29/2016	4. Applicant Identifier: Governor's Office of Planning & Research	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: APR 07 2016 GI698014	
STATE CLEARINGHOUSE		
State Use Only: 6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION	
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: _____	
Organizational Affiliation: _____		
* Telephone Number: (916) 445-4658	Fax Number: _____	
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

NORTH CENTRAL DISTRICT SALMON AND STEELHEAD MANAGEMENT

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-006

* b. Program/Project: CA-ALL

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2016

* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	301,571.00
* b. Applicant	0.00
* c. State	100,523.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	402,094.00

*** 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 03/29/2016.
- 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 216, Section 1001)**

** I AGREE

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

Authorized Representative:

Prefix: * First Name: LISA

Middle Name:

* Last Name: BAYS

Suffix:

* Title: SSML, FAS

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

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

* Signature of Authorized Representative: Lisa Bays * Date Signed: 03/29/2016

Application for Federal Assistance SF-424

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

* 3. Date Received: 03/28/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: G1698010	APR 07 2016 STATE CLEARINGHOUSE
---	---	------------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000

d. Address:

* Street1: 1831 9TH STREET
Street2: _____
* City: SACRAMENTO
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION
-----------------------	---

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: _____	
Organizational Affiliation: _____	
* Telephone Number: (916) 445-4658	Fax Number: _____
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

CALIFORNIA COASTAL STREAMS AND WATERSHED RESTORATION 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: CA-006	* b. Program/Project: 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: 07/01/2016	* b. End Date: 06/30/2017
18. Estimated Funding (\$):	
* a. Federal	115,858.00
* b. Applicant	0.00
* c. State	38,619.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	154,477.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	03/28/2016
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes," provide explanation in attachment)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<p>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)</p> <input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: LISA
Middle Name: <input type="text"/>	
* Last Name: BAYS	
Suffix: <input type="text"/>	
* Title: SSML, FAS	
* Telephone Number: (916) 445-3701	Fax Number: <input type="text"/>
* Email: LISA.BAYS@WILDLIFE.CA.GOV	
* Signature of Authorized Representative: Lisa Bays	* Date Signed: 03/28/2016

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):

Governor's Office of Planning & Research

* 3. Date Received:
03/28/2016

4. Applicant Identifier:

APR 07 2016

STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
G1698015

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: _____

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS:
8083223580000

d. Address:

* Street1: 1831 9TH STREET
Street2: _____
* City: SACRAMENTO
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name:
CDFW

Division Name:
FEDERAL ASSISTANCE SECTION

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: _____

Organizational Affiliation:

* Telephone Number: (916) 445-4658

Fax Number: _____

* Email: PETE.MARCELLANA@WILDTYPE.CA.GOV

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

*** Title:**

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

STREAM AND LAKE IMPROVEMENT: NORTHERN FISHERIES ASSESSMENT

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="198,330.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="66,110.00"/>
* 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="264,440.00"/>

*** 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 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): Governor's Office of Planning & Research APR 07 2016	
* 3. Date Received: 03/28/2016	4. Applicant Identifier: STATE CLEARINGHOUSE
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: G1698017
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____
8. APPLICANT INFORMATION:	
* a. Legal Name: STATE OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1637567	* c. Organizational DUNS: 8083223580000
d. Address:	
* Street1: 1831 9TH STREET	Street2: _____
* City: SACRAMENTO	County/Parish: _____
* State: CA: California	Province: _____
* Country: USA: UNITED STATES	_____
* Zip / Postal Code: 95811-7011	_____
e. Organizational Unit:	
Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION
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: _____	
Organizational Affiliation: _____	
* Telephone Number: (916) 445-4658	Fax Number: _____
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

SMITH RIVER SALMONID MONITORING AND SALMONID SCALE ARCHIVE

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-006
* b. Program/Project	CA-ALL
Attach an additional list of Program/Project Congressional Districts if needed.	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date:	07/01/2016
* b. End Date:	06/30/2017
18. Estimated Funding (\$):	
* a. Federal	163,739.00
* b. Applicant	0.00
* c. State	54,580.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	218,319.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	03/28/2016
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<p>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)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>	
Authorized Representative:	
Prefix:	
* First Name:	LISA
Middle Name:	
* Last Name:	BAYS
Suffix:	
* Title:	SSMI, FAS
* Telephone Number:	(916) 445-3701
Fax Number:	
* Email:	LISA.BAYS@WILDLIFE.CA.GOV
* Signature of Authorized Representative:	Lisa Bays
* Date Signed:	03/28/2016

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):**

_____ Governor's Office of Planning & Research

*** 3. Date Received:**

03/21/2016

4. Applicant Identifier:

APR 07 2016

STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1698043

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:**

1831 9TH STREET

Street2:

*** City:**

SACRAMENTO

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95811-7011

e. Organizational Unit:

Department Name:

CA DEPT OF FISH AND WILDLIFE

Division Name:

FEDERAL ASSISTANCE SECTION

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

*** 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:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

CENTRAL VALLEY FISHERY RESOURCE ASSESSMENT AND MONITORING

Attach supporting documents as specified in agency instructions.

Add Attachments

Relate 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="806,017.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="268,672.00"/>
* 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="1,074,689.00"/>

*** 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 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): []
---	---	--

Governor's Office of Planning & Research
APR 07 2016

* 3. Date Received: 03/21/2016	4. Applicant Identifier: STATE CLEARINGHOUSE
--	---

5a. Federal Entity Identifier: []	5b. Federal Award Identifier: G1698026
--	--

State Use Only:

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

8. APPLICANT INFORMATION:

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

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

d. Address:

* Street1:	1831 9TH STREET
Street2:	[]
* City:	SACRAMENTO
County/Parish:	[]
* State:	CA: California
Province:	[]
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

e. Organizational Unit:

Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION
---------------------------------	---

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: []

Organizational Affiliation:

[]

* Telephone Number: (916) 445-4658	Fax Number: []
---	------------------------

*** Email:** PETE.MARCELLANA@WILDLIFE.CA.GOV

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

CENTRAL COAST STEELHEAD CONSERVATION AND ENHANCEMENT

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-006
* b. Program/Project	CA-ALL
Attach an additional list of Program/Project Congressional Districts if needed.	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date:	07/01/2016
* b. End Date:	06/30/2017
18. Estimated Funding (\$):	
* a. Federal	236,473.00
* b. Applicant	0.00
* c. State	78,825.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	315,298.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	03/21/2016
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<p>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)</p> <input checked="" type="checkbox"/> ** I AGREE.	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	
* First Name:	LISA
Middle Name:	
* Last Name:	BAYS
Suffix:	
* Title:	SSMI, FAS
* Telephone Number:	(916) 445-3701
Fax Number:	
* Email:	LISA.BAYS@WILDLIFE.CA.GOV
* Signature of Authorized Representative:	Lisa Bays
* Date Signed:	03/21/2016

Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____	
* 3. Date Received: 03/21/2016	4. Applicant Identifier: Governor's Office of Planning & Research
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: APR 07 2016 GI698024 STATE CLEARINGHOUSE
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____
8. APPLICANT INFORMATION:	
* a. Legal Name: STATE OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
d. Address:	
* Street1: 1831 9TH STREET	_____
Street2:	_____
* City: SACRAMENTO	_____
County/Parish:	_____
* State: CA: California	_____
Province:	_____
* Country: USA: UNITED STATES	_____
* Zip / Postal Code: 95811-7011	_____
e. Organizational Unit:	
Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION
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: _____	_____
Organizational Affiliation: _____	
* Telephone Number: (916) 445-4658	Fax Number: _____
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

NORTHERN CENTRAL COAST WATERSHED RESTORATION PROJECT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachment

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="323,417.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="107,806.00"/>
* 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="431,223.00"/>

*** 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

APR 07 2016

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

STATE CLEARINGHOUSE

* Other (Specify):

* 3. Date Received:

03/21/2016

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

APR 08 2016

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1698076

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9th Street

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

Federal Assistance Section

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

Prefix:

Ms.

* First Name:

Melissa

Middle Name:

* Last Name:

Jones

Suffix:

Title:

Grant Administrator

Organizational Affiliation:

* Telephone Number:

916-327-0062

Fax Number:

* Email:

Melissa.Jones@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F16AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Wildlife Surveys Inventories and Research: Resource Assessment in the Sierra Nevada and Peninsular Ranges (Non Game)

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="637,767.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="212,589.00"/>
* 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="850,356.00"/>

*** 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 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: 03/21/2016	4. Applicant Identifier: _____ <i>Governor's Office of Planning & Research</i>	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: G1698025 APR 07 2016 STATE CLEARINGHOUSE	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	_____	
Street2:	_____	
* City: SACRAMENTO	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION	
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: _____		
Organizational Affiliation: _____		
* Telephone Number: (916) 445-4658	Fax Number: _____	
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

SOUTH CENTRAL COAST STEELHEAD CONSERVATION AND MONITORING

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="143,046.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="47,682.00"/>
* 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="190,728.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

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

* 3. Date Received: 03/28/2016	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: Mutual Housing California	STATE CLEARINGHOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3093354	* c. Organizational DUNS: 6119213960000

d. Address:

* Street1:	8001 Fruitridge Road, Suite A
Street2:	<input type="text"/>
* City:	Sacramento
County/Parish:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95820-6760

e. Organizational Unit:

Department Name: Housing Department	Division Name: N/A
--	-----------------------

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

Prefix:	<input type="text"/>	* First Name:	Vanessa
Middle Name:	<input type="text"/>		
* Last Name:	Guerra		
Suffix:	<input type="text"/>		
Title:	project manager		
Organizational Affiliation:	n/a		
* Telephone Number:	916-453-8400 ext 214	Fax Number:	916-453-8401
* Email:	vanessa@mutualhousing.com		

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

5141516

* Title:

Notice of Funds Available for section 514 Farm Labor Housing Loans & section 516 Labor Housing Grants for Off-Farm Housing for Fiscal Year 2016

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:**

Mutual Housing at Spring Lake II: Housing and Supportive Services for Agricultural Workers.

Attach supporting documents as specified in agency instructions.

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-006

* b. Program/Project CA-003

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 11/01/2017

* b. End Date: 12/31/2018

18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	9,693,056.00
* c. State	0.00
* d. Local	1,000,000.00
* e. Other	982,000.00
* f. Program Income	0.00
* g. TOTAL	14,675,056.00

* 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 04/08/2016
- 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:

Prefix: * First Name: Rachel

Middle Name:

* Last Name: Iskow

Suffix:

* Title: Executive Director/CEO

* Telephone Number: 916-453-8400 ext 224 Fax Number: 916-453-8401

* Email: rachel@mutualhousing.com

* Signature of Authorized Representative: 

* Date Signed: 4-6-16

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: 1433-1607	Governor's Office of Planning & Research APR 08 2016 STATE CLEARINGHOUSE
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: Amyris, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 550856151	* c. Organizational DUNS: 1859301820000	
d. Address:		
* Street1: 5885 Hollis Street	_____	
Street2: Suite 100	_____	
* City: Emeryville	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* County: USA: UNITED STATES	_____	
* Zip / Postal Code: 94608-2405	_____	
e. Organizational Unit:		
Department Name:	Division Name:	
_____	_____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Joel	_____
Middle Name: Robert	_____	
* Last Name: Cherry	_____	
Suffix:	_____	
Title: President, Research and Development		
Organizational Affiliation:		

* Telephone Number: +1 (510) 450-0761	Fax Number: +1 (510) 225-2645	
* Email: cherry@amyris.com		

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0001433

* Title:

MEGA-BIO: BIOPRODUCTS TO ENABLE BIOFUELS

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:**

Integrated process for commercial production of farnesene, a versatile platform chemical, from domestic lignocellulosic feedstock

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="8,000,000.00"/>
* b. Applicant	<input type="text" value="2,000,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="10,000,000.00"/>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- 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 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): Governor's Office of Planning & Research
--	--	---

* 3. Date Received: 03/29/2016	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

APR 07 2016
STATE CLEARINGHOUSE

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

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1698084
----------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000

d. Address:

* Street1: 1831 9th Street
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: CDPW	Division Name: Federal Assistance Section
-----------------------	---

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

Prefix: Ms.	* First Name: Melissa
Middle Name: _____	
* Last Name: Jones	
Suffix: _____	
Title: Grant Administrator	
Organizational Affiliation: _____	
* Telephone Number: 916-327-0062	Fax Number: _____
* Email: melissa.jones@wildlife.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F16AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Wildlife Habitat Development and Maintenance: Region 2

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="2,353,393.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="784,464.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="1,207,666.00"/>
* g. TOTAL	<input type="text" value="4,345,523.00"/>

*** 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	* 2. Type of Application:
<input type="checkbox"/> Application	<input type="checkbox"/> New
<input type="checkbox"/> Changed/Corrected Application	<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:	4. Applicant Identifier:
4/12/2016	Governor's Office of Planning & Research
5a. Federal Entity Identifier:	5b. Federal Award Identifier:
<input type="text"/>	APR 10 2016
STATE CLEARINGHOUSE	
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
<input type="text"/>	<input type="text"/>
8. APPLICANT INFORMATION:	
* a. Legal Name: Coachella Valley Housing Coalition	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-3814898	6132810700000
d. Address:	
* Street1:	45701 Monroe Street, Suite G
Street2:	<input type="text"/>
* City:	Indio
County/Parish:	<input type="text"/>
* State:	CA
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92201
e. Organizational Unit:	
Department Name:	Division Name:
<input type="text"/>	<input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix:	* First Name:
Mr.	Julie
Middle Name:	<input type="text"/>
* Last Name:	Bornstein
Suffix:	<input type="text"/>
Title:	Executive Director
Organizational Affiliation:	
Coachella Valley Housing Coalition	
* Telephone Number:	Fax Number:
(760) 347-3157	(760) 342-6466
* Email: julie.bornstein@cvhc.org	

Application for Federal Assistance SF-424

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

Nonprofit with 510C3 Status

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Farm Labor Housing Loan and Grant/Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

* Title:

Section 514 Farm Labor (FLH) Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2016.

13. Competition Identification Number:

Title:

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

Indio, County of Riverside, California

Add Attachment

Delete Attachment

View Attachment

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

Villa Hermosa Apartments, Phase II is a 68 unit farmworker development with a mix of 4-1bd/1ba, 32-2bd/1ba, 24-3bd/2ba, and 8-4bd/2ba. 1 onsite manager's unit.

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 **36th**

* b. Program/Project

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

17. Proposed Project:

* a. Start Date: **12-1-17**

* b. End Date: **2-1-18**

18. Estimated Funding (\$):

* a. Federal	\$3,000,000
* b. Applicant	\$250,000
* c. State	
* d. Local	\$2,183,206
* e. Other	\$19,485,066
* f. Program Income	
* g. TOTAL	\$24,918,272

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: **Ms.** * First Name: **Julie**
Middle Name:
* Last Name: **Bornstein**
Suffix:

* Title: **Executive Director**

* Telephone Number: **(760) 347-3157** Fax Number: **(760) 342-6466**

* Email: **julie.bornstein@cvhc.org**

* Signature of Authorized Representative: 

* Date Signed: **4/4/2016**

Application for Federal Assistance SF-424

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

* 3. Date Received: 03/29/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research APR 11 2016
--	--	--

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	STATE CLEARINGHOUSE
--	---	----------------------------

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598125
---	--

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000

d. Address:	
* Street1:	1831 9th Street
Street2:	_____
* City:	Sacramento
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

e. Organizational Unit:	
Department Name:	Division Name:
CDFW	Federal Assistance Section

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix:	* First Name: Melissa
Middle Name:	_____
* Last Name:	Jones
Suffix:	_____
Title:	Grant Administrator
Organizational Affiliation: _____	
* Telephone Number: 916-327-0062	Fax Number: _____
* Email: melissa.jones@wildlife.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F16AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

California Department of Fish and Wildlife Grants Database Procurement, Implementation, and Maintenance

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="83,619.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="55,746.00"/>
* 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="139,365.00"/>

*** 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		
* 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: _____	Governor's Office of Planning & Research APR 11 2016 STATE CLEARINGHOUSE
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: <u>Inland Empire Utilities Agency</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>956004609</u>	* c. Organizational DUNS: <u>0436562060000</u>	
d. Address:		
* Street1: <u>6075 Kimball Avenue</u>	Street2: _____	
* City: <u>Chino</u>	County/Parish: <u>San Bernardino</u>	
* State: _____	CA; California	
Province: _____	Country: <u>USA: UNITED STATES</u>	
* Zip / Postal Code: <u>91708-9174</u>		
e. Organizational Unit:		
Department Name: <u>Grants Administration</u>	Division Name: <u>Engineering</u>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Mr.</u>	* First Name: <u>Jason</u>	Middle Name: <u>H.</u>
* Last Name: <u>Gu</u>	Suffix: _____	
Title: <u>Grants Officer</u>		
Organizational Affiliation: <u>Inland Empire Utilities Agency</u>		
* Telephone Number: <u>909-993-1636</u>	Fax Number: <u>909-993-1986</u>	
* Email: <u>jgu@ieua.org</u>		

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.514

CFDA Title:

Reclamation States Emergency Drought Relief

*** 12. Funding Opportunity Number:**

R16-FOA-DO-006

* Title:

Drought Resiliency Project Grants for Fiscal Year 2016

13. Competition Identification Number:

R16-FOA-DO-006

Title:

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

Areas Affected by Project.pdf

Add Attachment

Delete Attachment

View Attachment

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

Drought Resiliency Implementation: Wineville, Jurupa, RP-3 Basin Improvement 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: <input type="text" value="27"/>	* b. Program/Project: <input type="text" value="27"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text" value="List of Congressional Districts.pdf"/>	<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="09/01/2016"/>	* b. End Date: <input type="text" value="08/31/2018"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="300,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="21,014,000.00"/>
* 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="21,314,000.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04/11/2016"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="P."/>
Middle Name: <input type="text" value="Joseph"/>	
* Last Name: <input type="text" value="Grindstaff"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="General Manager"/>	
* Telephone Number: <input type="text" value="909-993-1600"/>	Fax Number: <input type="text" value="909-993-1985"/>
* Email: <input type="text" value="jgrindstaff@ieua.org"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input 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: 04/12/2016	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
Governor's Office of Planning & Research APR 11 2016 STATE CLEARINGHOUSE		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Housing Authority of the City of San Buenaventura		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2461075	* c. Organizational DUNS: 0055618160000	
d. Address:		
* Street1: 995 Riverside Street	_____	
Street2:	_____	
* City: Ventura	_____	
County/Parish:	_____	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 930011636	_____	
e. Organizational Unit:		
Department Name: _____	Division Name: Affordable Housing&Development	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mrs.	* First Name: Loretta	_____
Middle Name:	_____	
* Last Name: McCarty	_____	
Suffix:	_____	
Title: Deputy Director - Real Estate Development		
Organizational Affiliation: Employee/Manager		
* Telephone Number: (805) 648-5008 x 3222	Fax Number: (805) 643-7984	
* Email: lmccarty@hacityventura.org		

Application for Federal Assistance SF-424

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

L: Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture - Rural Development

11. Catalog of Federal Domestic Assistance Number:

Section 514

CFDA Title:

Farm Labor Housing Loan

*** 12. Funding Opportunity Number:**

Section 514

* Title:

Farm Labor Housing Loan for Off Farm Housing and Rental Housing

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:**

41-unit new construction multifamily rental housing development in Ventura, California for low-income farmworker households.

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="3,000,000.00"/>
* b. Applicant	<input type="text" value="100.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="380,000.00"/>
* e. Other	<input type="text" value="15,477,456.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="18,857,556.00"/>

*** 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 type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____		
* 3. Date Received: 04/11/2016		4. Applicant Identifier: _____
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: _____
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
B. APPLICANT INFORMATION:		
* a. Legal Name: Inland Empire Utilities Agency Governor's Office of Planning & Research		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956004609		* c. Organizational DUNS: 0436562060000
APR 11 2016		
d. Address: STATE CLEARINGHOUSE		
* Street1: 6075 Kimball Avenue		
Street2: _____		
* City: Chino		
County/Parish: _____		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 91708-9174		
e. Organizational Unit:		
Department Name: Grants Administration		Division Name: Engineering
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Jason	
Middle Name: H.	_____	
* Last Name: Gu	_____	
Suffix:	_____	
Title: Grants Office		
Organizational Affiliation: Inland Empire Utilities Agency Staff		
* Telephone Number: 909-993-1636		Fax Number: 909-993-1986
* Email: jgu@ieua.org		

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.514

CFDA Title:

Reclamation States Emergency Drought Relief

*** 12. Funding Opportunity Number:**

R16-FOA-DO-005

* Title:

Drought Contingency Planning Grants for Fiscal Year 2016

13. Competition Identification Number:

R16-FOA-DO-005

Title:

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

Areas_Affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

Chino Basin Drought Contingency Plan: Drought Response Plan

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="200,000.00"/>
* b. Applicant	<input type="text" value="202,610.00"/>
* 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="402,610.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

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

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	Governor's Office of Planning & Research APR 11 2016
---	--	--

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="City of Torrance"/>
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6000803"/>	* c. Organizational DUNS: <input type="text" value="0666741690000"/>
--	---

d. Address:

* Street1:	<input type="text" value="20500 Madrona Avenue"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Torrance"/>
County/Parish:	<input type="text"/>
* State:	<input type="text" value="CA; California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="9053-3690"/>

a. Organizational Unit:

Department Name: <input type="text" value="Public Works Department"/>	Division Name: <input type="text" value="Engineering"/>
--	--

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

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="John"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Dettle"/>	
Suffix: <input type="text"/>	
Title: <input type="text" value="Engineering Manager/Project Manager"/>	
Organizational Affiliation: <input type="text"/>	
* Telephone Number: <input type="text" value="310-618-3059"/>	Fax Number: <input type="text" value="310-781-6902"/>
* Email: <input type="text" value="jdettle@TorranceCA.gov"/>	

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.514

CFDA Title:

Reclamation States Emergency Drought Relief

*** 12. Funding Opportunity Number:**

R16-FOA-DO-006

* Title:

Drought Resiliency Project Grants for Fiscal Year 2016

13. Competition Identification Number:

R16-FOA-DO-006

Title:

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

Add Attachment

Cancel Attachment

New Attachment

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

Torrance, CA: North Torrance Well Field Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Cancel Attachments

New 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="297,000.00"/>
* b. Applicant	<input type="text" value="803,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,100,000.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 04/11/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	APR 11 2016 STATE CLEARINGHOUSE
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Town of Apple Valley, CA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 330338303	* c. Organizational DUNS: 6222152180000	
d. Address:		
* Street1: 14955 Dale Evans Parkway	Street2: _____	
* City: Apple Valley	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 92307-3061	
e. Organizational Unit:		
Department Name: Special Projects	Division Name: Public Works	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Jennifer	Middle Name: _____
* Last Name: Heim	Suffix: _____	
Title: Special Projects Manager		
Organizational Affiliation: Town Manager		
* Telephone Number: 760-240-7000 ext. 7054	Fax Number: 760-240-7910	
* Email: JHeim@applevalley.org		

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.514

CFDA Title:

Reclamation States Emergency Drought Relief

*** 12. Funding Opportunity Number:**

RL6-FOA-DO-006

* Title:

WatersSMART: Drought Resiliency Project Grants for FY 2016

13. Competition Identification Number:

Title:

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

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

Water for the Future: Apple Valley Recycled Water Infrastructure Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: CA-008	* b. Program/Project: CA-008
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date: 07/01/2016	* b. End Date: 06/30/2018
18. Estimated Funding (\$):	
* a. Federal	300,000.00
* b. Applicant	1,072,500.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,372,500.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 04/11/2016. <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach	
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	* First Name: Frank
Middle Name:	
* Last Name: Robinson	
Suffix:	
* Title: Town Manager	
* Telephone Number: 760-240-7000 ext. 7051	Fax Number: 760-240-7910
* Email: FRobinson@applevalley.org	
* Signature of Authorized Representative: Jennifer Heim	* Date Signed: 04/11/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 04/12/2016	4. Applicant Identifier: _____ <i>Government's Office of Planning & Research</i>	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____ APR 11 2016 STATE CLEARINGHOUSE	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Housing Authority of the City of San Buenaventura		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2461075	* c. Organizational DUNS: 0055618160000	
d. Address:		
* Street1: 995 Riverside Street	Street2: _____	
* City: Ventura	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 930011636	
e. Organizational Unit:		
Department Name: _____	Division Name: Affordable Housing&Development	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mrs.	* First Name: Loretta	
Middle Name: _____	* Last Name: McCarty	
Suffix: _____	Title: Deputy Director - Real Estate Development	
Organizational Affiliation: Employee/Manager		
* Telephone Number: (805) 648-5008 x 3222	Fax Number: (805) 643-7984	
* Email: lmccarty@hacityventura.org		

Application for Federal Assistance SF-424

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

L: Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

United States Department of Agriculture - Rural Development

11. Catalog of Federal Domestic Assistance Number:

Section 514

CFDA Title:

Farm Labor Housing Loan

* 12. Funding Opportunity Number:

Section 514

* Title:

Farm Labor Housing Loan for Off Farm Housing and Rental Housing

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:

41-unit new construction multifamily rental housing development in Ventura, California for low-income farmworker households.

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="3,000,000.00"/>
* b. Applicant	<input type="text" value="280,100.00"/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value="380,000.00"/>
* e. Other	<input type="text" value="15,718,900.00"/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="19,379,000.00"/>

*** 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

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

* 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: 04/06/2016	4. Applicant Identifier: _____ Governor's Office of Planning & Research
-----------------------------------	---

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: APR 12 2016 STATE CLEARINGHOUSE
---	---

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California State Coastal Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3164968	* c. Organizational DUNS: 8083224080000
---	--

d. Address:

* Street1: 1330 Broadway Suite 1300
Street2: _____
* City: Oakland
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94612-2530

e. Organizational Unit:

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

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

Prefix: Mr. * First Name: Michael
Middle Name: E
* Last Name: Bowen
Suffix: _____

Title: Project Development Specialist

Organizational Affiliation:
State Coastal Conservancy: Northcoast Work Group

* Telephone Number: 510-286-0720 Fax Number: 510-286-0470

* Email: michael.bowen@scc.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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2016-2004800

* Title:

Community-based Restoration Program Coastal and Marine Habitat Restoration Grants

13. Competition Identification Number:

2577382

Title:

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

ERECSEP_Project Location.pdf

Add Attachment

Delete Attachment

View Attachment

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

Eel River Estuary and Centerville Slough Enhancement Project: Restoring estuarine habitat and agricultural sustainability to the Centerville Slough Complex of the Eel River Estuary.

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="1,791,636.00"/>
* b. Applicant	<input type="text" value="1,291,636.00"/>
* 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="3,083,272.00"/>

*** 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 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): Governor's Office of Planning & Research
--	--	---

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: []	APR 12 2016
---	---------------------------------	-------------

5a. Federal Entity Identifier: []	5b. Federal Award Identifier: STATE CLEARINGHOUSE
---------------------------------------	--

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California State Coastal Conservancy	* c. Organizational DUNS: 8083224080000
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3169468	

d. Address:

* Street1:	1330 Broadway, 13th Floor
Street2:	[]
* City:	Oakland
County/Parish:	Alameda County
* State:	CA: California
Province:	[]
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94612-2530

e. Organizational Unit:

Department Name: []	Division Name: []
-------------------------	-----------------------

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

Prefix: Ms.	* First Name: Megan
Middle Name: []	
* Last Name: Cooper	
Suffix: []	
Title: Deputy Regional Program Manager	
Organizational Affiliation: []	
* Telephone Number: 510-286-4172	Fax Number: 510-286-1883
* Email: megan.cooper@scc.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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NCAA-NMFS-HCPO-2016-2004800

* Title:

Community-based Restoration Program Coastal and Marine Habitat Restoration Grants

13. Competition Identification Number:

2577382

Title:

Community-based Restoration Program Coastal and Marine Habitat Restoration Grants

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

San Diego Bay Native Oyster Living Shoreline Project

Attach supporting documents as specified in agency instructions.

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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	766,429.00
* b. Applicant	19,096.00
* c. State	0.00
* d. Local	131,667.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	917,192.00

*** 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 type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
*2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: Dept. of Food and Agriculture
5a. Federal Entity Identifier: 16-8506-1957-CA	5b. Federal Award Identifier: <i>Governor's Office of Planning & Research</i> <i>APR 14 2016</i> <i>STATE CLEARINGHOUSE</i>
State Use Only:	
6. Date Received by State: 04/05/2016	7. State Application Identifier: 15-0539-FR
8. APPLICANT INFORMATION:	
* 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, Room 315
Street2:	
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814
e. Organizational Unit:	
Department Name: Food and Agriculture	Division Name: Plant Health/Pest Prev Svcs
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix:	* First Name: Jason
Middle Name:	
* Last Name:	Chan
Suffix:	
Title:	
Organizational Affiliation: California Department of Food and Agriculture	
* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555
* Email: jason.chan@cdfa.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

NA

* Title:

NA

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:**

Emergency Plant Health Response Teams

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="1,750,961.00"/>
* 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="1,750,961.00"/>

*** 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 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: 04/14/2016	4. Applicant Identifier: 14331701
--	---

5a. Federal Entity Identifier: 14331701	5b. Federal Award Identifier: Governor's Office of Planning & Research _____ APR 14 2016
---	--

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

8. APPLICANT INFORMATION:

* a. Legal Name: Illium Technologies, LLC
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 507043619	* c. Organizational DUNS: 0795748260000
---	---

d. Address:

* Street1: 71 BRONTE ST
Street2: _____
* City: SAN FRANCISCO
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94110-7606

e. Organizational Unit:

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

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

Prefix: Dr.	* First Name: Aaron
Middle Name: _____	
* Last Name: Socha	
Suffix: _____	
Title: CEO	

Organizational Affiliation: _____

* Telephone Number: 401-741-2012	Fax Number: _____
---	--------------------------

* Email: asocha@illiumtech.com

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DOE - Office of Energy Efficiency and Renewable Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0001433

* Title:

MEGABIO: Bioproducts to Enable Biofuels

13. Competition Identification Number:

Title:

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

Project Performance Site Locations.docx

Add Attachment

Delete Attachment

View Attachment

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

Lignin-Derived Ionic Liquids for Biomass Pretreatment

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="1,000,000.00"/>
* b. Applicant	<input type="text" value="125,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="125,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,250,000.00"/>

*** 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
- 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 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: 04/15/2016	4. Applicant Identifier: 1433-1654
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Governor's Office of Planning & Research
APR 14 2016

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: STATE CLEARINGHOUSE
---	--

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: <u>Visolis</u>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 455425188	* c. Organizational DUNS: 0784991900000

d. Address:

* Street1:	1904 Haste St.
Street2:	_____
* City:	Berkeley
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94704-1910

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: <u>Brian</u>
Middle Name: <u>Han</u>	_____
* Last Name: <u>Lee</u>	_____
Suffix: _____	_____

Title: <u>Director of Bioengineering, Vioslis</u>

Organizational Affiliation: _____

* Telephone Number: <u>216-287-3605</u>	Fax Number: _____
---	-------------------

* Email: <u>blee@visolisbio.com</u>

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0001433

* Title:

MEGA-BIO: BIOPRODUCTS TO ENABLE BIOFUELS

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:**

Integrated Fuels and Polymers Production from Cellulosic Sugars

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="1,999,605.00"/>
* b. Applicant	<input type="text" value="500,388.00"/>
* 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="2,499,993.00"/>

*** 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

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Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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

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):

Government's Office of Planning & Research

* Other (Specify):

APR 15 2016

* 3. Date Received:

04/15/2016

4. Applicant Identifier:

STATE CLEARINGHOUSE

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:

Office of Emergency Services (Cal. OES)

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

680278801

* c. Organizational DUNS:

9474361760000

d. Address:

* Street1:

3650 Schriever Avenue

Street2:

* City:

Mather

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95655-4203

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:

Rose

Middle Name:

* Last Name:

Nguyen

Suffix:

Title:

Division Chief

Organizational Affiliation:

* Telephone Number:

(916) 845-8646

Fax Number:

* Email:

Rose.H.Nguyen@caloes.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:**

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-16-GPD-067-00-01

*** Title:**

Fiscal Year (FY) 2016 Homeland Security Grant Program (HSGP)

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:**

Fiscal Year (FY) 2016 Homeland Security Grant Program (HSGP)

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="199,146,926.00"/>
* 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="199,146,926.00"/>

*** 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

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Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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: _____	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: Woodridge Mutual Water and Property Owners Corporation	Government's Office of Planning & Research	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2693633	* c. Organizational DUNS: 0600881630000	APR 15 2016 STATE CLEARINGHOUSE
d. Address:		
* Street1: PO Box 8	_____	
Street2:	_____	
* City: Shingletown	_____	
County/Parish: Shasta	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 96088	_____	
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: Sam	_____
Middle Name:	_____	
* Last Name: Smith	_____	
Suffix:	_____	
Title: Water Master	_____	
Organizational Affiliation: _____		
* Telephone Number: (530) 474-3809	Fax Number: _____	
* Email: ridgerunner4719@yahoo.com	_____	

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Tank and Pumping System Replacement Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

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

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="400,000.00"/>
* 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="400,000.00"/>

*** 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: