

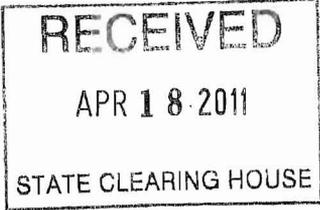
# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16 - 30, 2011**. 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.



# SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

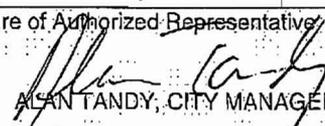


**SF 424**

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

April 14, 2011	B-11-06-0610	Type of Submission	
Date Received by state	State Identifier	<input type="checkbox"/> Application	<input type="checkbox"/> Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
City of Bakersfield		CA60228 BAKERSFIELD	
1600 Truxtun Avenue, Suite 300		02-8514136	
0		City of Bakersfield	
Bakersfield	California	Economic and Community Development	
93301	U.S.	0	
<b>Employer Identification Number (EIN):</b>		Kern	
95-6000672		7/1	
<b>Applicant Type:</b>		<b>Specify Other Type if necessary</b>	
Local Government: City		0	
<b>Program Funding</b>		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
<b>Community Development Block Grant</b>		14.218 Entitlement Grant	
CDBG Project Titles This program is designed to address local housing needs, upgrade the physical environment and provide for a viable urban community		Description of Areas Affected by CDBG Project(s) City of Bakersfield	
\$3,634,857	\$Additional HUD Grant(s) Leveraged	Describe: N/A	
\$0	\$0	\$Additional State Funds Leveraged	
\$0	\$0	\$Grantee Funds Leveraged	
\$7,000	\$Anticipated Program Income	Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s)			
<b>Home Investment Partnerships Program</b>		14.239 HOME	
HOME Project Titles This program is designed to address local housing needs.		Description of Areas Affected by HOME Project(s) City of Bakersfield	
\$1,695,784	\$HOME Grant Amount	\$Additional HUD Grant(s) Leveraged Describe	
\$0	\$Additional Federal Funds Leveraged	\$Additional State Funds Leveraged	
\$0	\$Locally Leveraged Funds	\$Grantee Funds Leveraged	

\$Anticipated Program Income \$30,000		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
<b>Housing Opportunities for People with AIDS</b>		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount N/A	\$Additional HUD Grant(s) Leveraged N/A	Describe N/A	
\$Additional Federal Funds Leveraged N/A		\$Additional State Funds Leveraged N/A	
\$Locally Leveraged Funds N/A		\$Grantee Funds Leveraged N/A	
\$Anticipated Program Income N/A		Other (Describe) N/A	
Total Funds Leveraged for HOPWA-based Project(s) N/A			
<b>Emergency Shelter Grants Program</b>		14.231 ESG	
ESG Project Titles Provides funds to improve the quality of existing emergency shelters for the homeless, helps meet the costs of operating emergency shelters, providing certain essential services, and prevention programs.		Description of Areas Affected by ESG Project(s) City of Bakersfield	
\$ESG Grant Amount \$147,357	\$Additional HUD Grant(s) Leveraged \$0	Describe N/A	
\$Additional Federal Funds Leveraged \$0		\$Additional State Funds Leveraged \$0	
\$Locally Leveraged Funds \$0		\$Grantee Funds Leveraged \$0	
\$Anticipated Program Income \$0		Other (Describe) N/A	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of: Applicant Districts 20 <sup>th</sup> and 21 <sup>st</sup>		Project Districts 20 <sup>th</sup> and 21 <sup>st</sup>	
		Is application subject to review by state Executive Order 12372 Process?	
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on May 24, 2010, 4/15/11.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	Program is not covered by EO 12372
		<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Donna	L.	Kunz
Economic Development Director	661 326-3765	661 852-2138
dkunz@bakersfieldcity.us	www.bakersfieldcity.us	Rhonda W. Barnhard
Signature of Authorized Representative  ALAN TANDY, CITY MANAGER		Date Signed 4/14/11

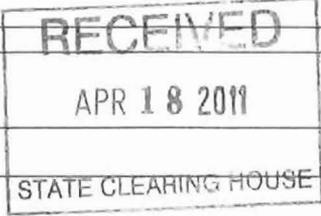
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 4/11/11	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: County of Sonoma	<b>Organizational Unit:</b> Department: HEALTH SERVICES
Organizational DUNS: 168988681	Division: PUBLIC HEALTH
<b>Address:</b> Street: 490 Mendocino Ave. Ste. 202	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms. First Name: L.
City: Santa Rosa	Middle Name Lynn
County: Sonoma	Last Name Walton
State: CA Zip Code 95401	Suffix:
Country: USA	Email: lwalton@sonoma-county.org



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000539	Phone Number (give area code) 707-565-6682	Fax Number (give area code) 707-565-6619
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B - County
	<b>9. NAME OF FEDERAL AGENCY:</b> USDA

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 0 - 7 6 9 TITLE (Name of Program): Rural Business Enterprise	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>Healthy Food Outlet Project</b>
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Sonoma County
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<b>13. PROPOSED PROJECT</b> Start Date: 11/16/11    Ending Date: 11/15/12	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 6    b. Project 6
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<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>90,500.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>23,500.00</td></tr> <tr><td>c. State</td><td>\$</td><td>0</td></tr> <tr><td>d. Local</td><td>\$</td><td>0</td></tr> <tr><td>e. Other</td><td>\$</td><td>29,500.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>0</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>143,500.00</td></tr> </table>	a. Federal	\$	90,500.00	b. Applicant	\$	23,500.00	c. State	\$	0	d. Local	\$	0	e. Other	\$	29,500.00	f. Program Income	\$	0	g. TOTAL	\$	143,500.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/11/11 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR PREVIEW
a. Federal	\$	90,500.00																				
b. Applicant	\$	23,500.00																				
c. State	\$	0																				
d. Local	\$	0																				
e. Other	\$	29,500.00																				
f. Program Income	\$	0																				
g. TOTAL	\$	143,500.00																				
	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																					

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

a. Authorized Representative		
Prefix Ms.	First Name Rita	Middle Name
Last Name Scardaci		Suffix
b. Title Department Director	c. Telephone Number (give area code) 707-565-4700	
d. Signature of Authorized Representative 	e. Date Signed 4/8/11	

**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

RECEIVED

APR 18 2011

STATE CLEARING HOUSE

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: The CSU, Chico Research Foundation

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
68-0386518

\*c. Organizational DUNS:  
61-217-7162

**d. Address:**

\*Street 1: Building 25 - CSU, Chico

Street 2: California State University, Chico

\*City: Chico

County: Butte

\*State: CA

Province: \_\_\_\_\_

\*Country: \_\_\_\_\_

\*Zip / Postal Code 95929-0870

**e. Organizational Unit:**

Department Name:  
Office of Research & Sponsored Programs

Division Name:

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

Prefix: \_\_\_\_\_ \*First Name: Carol

Middle Name: \_\_\_\_\_

\*Last Name: Sager

Suffix: \_\_\_\_\_

Title: Director, Office of Research & Sponsored Programs

Organizational Affiliation:  
The CSU, Chico Research Foundation

\*Telephone Number: 530-898-5700

Fax Number: 530-898-6804

\*Email: casager@csuchico.edu

**Application for Federal Assistance SF-424**

Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

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:**

10-783

CFDA Title:

Rural Business Enterprise Grants

**\*12 Funding Opportunity Number:**

RD AN No. 4528 (1942-G)

\*Title:

Rural Business Enterprise Grant Program

**13. Competition Identification Number:**

Title:

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

Counties of Butte, Lassen, Modoc, Plumas, and Sierra

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

Green Jobs in Innovation and Manufacturing

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-002

\*b. Program/Project: CA-002

**17. Proposed Project:**

\*a. Start Date: 07/01/2011

\*b. End Date: 06/30/2012

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

*a. Federal	\$99,000
*b. Applicant	\$49,533
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	\$148,533

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 4/18/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Carol  
 Middle Name: \_\_\_\_\_  
 \*Last Name: Sager  
 Suffix: \_\_\_\_\_

\*Title: Director, Office of Research & Sponsored Programs

\*Telephone Number: 530-898-5700

Fax Number: 530-898-6804

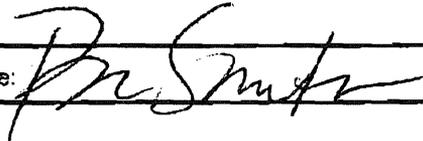
\* Email: casager@csuchico.edu

\*Signature of Authorized Representative: 

\*Date Signed: 4/18/11

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier: <b>RECEIVED</b>
8. APPLICANT INFORMATION:		APR 18 2011
*a. Legal Name: The Regents of the University of California		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494		*c. Organizational DUNS: STATE CLEARING HOUSE 60-459-1925
d. Address:		
*Street 1:	ANR Office of Contracts and Grants _____	
Street 2:	ANR Building, Hopkins Road _____	
*City:	Davis _____	
County:	Yolo _____	
*State:	California _____	
Province:	_____	
*Country:	USA _____	
*Zip / Postal Code	95616 _____	
e. Organizational Unit:		
Department Name: Agriculture and Natural Resources		Division Name: Office of Contracts and Grants
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: Yana _____	
Middle Name: _____		
*Last Name: Valachovic _____		
Suffix: _____		
Title: County Director and Forest Advisor		
Organizational Affiliation: UCCE Humboldt Conty		
*Telephone Number: 707-445-7351		Fax Number: 707-444-9334
*Email: yvala@ucdavis.edu		

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> H. Public/State Controlled Institution of Higher Education <b>Type of Applicant 2: Select Applicant Type:</b>  <b>Type of Applicant 3: Select Applicant Type:</b>  <b>*Other (Specify)</b>	
<b>*10 Name of Federal Agency:</b> USDA Forest Service	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 10.680 <b>CFDA Title:</b> Forest Health Protection	
<b>*12 Funding Opportunity Number:</b> n/a  <b>*Title:</b> _____	
<b>13. Competition Identification Number:</b> n/a  <b>Title:</b> _____	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Humboldt and Del Norte Counties, California	
<b>*15. Descriptive Title of Applicant's Project:</b> Redwood Valley Sudden Oak Death Adaptive Management	

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-009		*b. Program/Project: CA-001
<b>17. Proposed Project:</b>		
*a. Start Date: April 15, 2011		*b. End Date: April 15, 2013
<b>18. Estimated Funding (\$):</b>		
*a. Federal	180,000	
*b. Applicant	183,320	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	363,320	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>4-18-2011</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Bernadine</u>	
Middle Name: _____		
*Last Name: <u>Smith</u>		
Suffix: _____		
*Title: <u>Principal Contracts &amp; Grants Analyst</u>		
*Telephone Number: <u>530-754-3944</u>		Fax Number: <u>530- 754-3943</u>
* Email: <u>bersmith@ucdavis.edu</u>		
*Signature of Authorized Representative: 		*Date Signed: <u>4-18-11</u>

## Application for Federal Assistance SF-424

Version 02

## \*1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

## \*2. Type of Application

- New  
 Continuation  
 Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. 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: The CSU, Chico Research Foundation

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
68-0386518\*c. Organizational DUNS:  
61-217-7162

## d. Address:

\*Street 1: Building 25 - CSU, ChicoStreet 2: California State University, Chico\*City: ChicoCounty: Butte\*State: CA

Province: \_\_\_\_\_

\*Country: \_\_\_\_\_

\*Zip / Postal Code 95929-0870

## e. Organizational Unit:

Department Name:  
Research & Sponsored Programs

Division Name:

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

Prefix: \_\_\_\_\_ \*First Name: Carol

Middle Name: \_\_\_\_\_

\*Last Name: Sager

Suffix: \_\_\_\_\_

Title: Director, Office of Research & Sponsored ProgramsOrganizational Affiliation:  
The CSU, Chico Research Foundation\*Telephone Number: 530-898-5700Fax Number: 530-898-6804\*Email: casager@csuchico.edu

**Application for Federal Assistance SF-424**

Version 02

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

M. Nonprofit w/501C3 IRS Status (Oth Than Higher Edu)

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:**

10-783

CFDA Title:

Rural Business Enterprise Grants

**\*12 Funding Opportunity Number:**

RD AN No. 4450 (1942-G)

\*Title:

USDA Rural Business Enterprise Grant Program

**13. Competition Identification Number:**

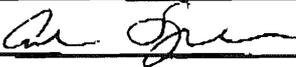
Title:

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

County of Butte

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

Economic Gardening for Northeastern California

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-002	*b. Program/Project: CA-002	
<b>17. Proposed Project:</b>		
*a. Start Date: 1/01/2012	*b. End Date: 12/31/2012	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	85,000	
*b. Applicant	12,597	
*c. State	0	
*d. Local	0	
*e. Other	0	
*f. Program Income	0	
*g. TOTAL	97,597	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>4/20/2011</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Carol</u> _____	
Middle Name: _____		
*Last Name: <u>Sager</u> _____		
Suffix: _____		
*Title: Director, Office of Research & Sponsored Programs		
*Telephone Number: 530-898-5700	Fax Number: 530-898-6804	
* Email: <u>casager@csuchico.edu</u>		
*Signature of Authorized Representative: 	*Date Signed: <u>4/15/11</u>	

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
State Use Only:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            APR 21 2011            STATE CLEARING HOUSE         </div>
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Central Basin Municipal Water District		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6004978		*c. Organizational DUNS: 005447503
d. Address:		
*Street 1:	<u>6252 Telegraph Road</u>	
Street 2:	_____	
*City:	<u>Commerce</u>	
County:	_____	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>United States of America</u>	
*Zip / Postal Code	<u>90040</u>	
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Mr.</u>	*First Name: <u>Arthur</u>
Middle Name:	<u>Joseph</u>	
*Last Name:	<u>Aquilar</u>	
Suffix:	_____	
Title:	<u>General Manager</u>	
Organizational Affiliation:		
*Telephone Number: (323) 201-5500		Fax Number: (323) 201-5550
*Email: <u>arta@centralbasin.org</u>		

**Application for Federal Assistance SF-424**

Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

Department of the Interior, Bureau of Reclamation, Policy and Administration

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

15.507

CFDA Title:

WaterSMART: System Optimization Review Grant for FY 2011

**\*12 Funding Opportunity Number:**

R11SF80356

\*Title:

WaterSMART: System Optimization Review Grants for FY 2011

**13. Competition Identification Number:**

Title:

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

Bell Gardens, Downey, Montebello, Norwalk and Vernon, Bell, Commerce, Huntington Park, Maywood, Walnut Park and portions of Cudahy, Monterey Park and unincorporated areas of East Los Angeles, Lynwood, South Gate, Florence-Graham, Willowbrook and portions of Cudahy, Compton and Carson, Artesia, Bellflower, Cerritos, Hawaiian Gardens, Lakewood, Paramount and Signal Hill.

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

System Operations Study of Central Basin Municipal Water District Recycled Water System.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-038 and CA-042

\*b. Program/Project: CA-003

**17. Proposed Project:**

\*a. Start Date: September 2011

\*b. End Date: July 2013

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

*a. Federal	_____	\$252,000
*b. Applicant	_____	\$252,000
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 04/20/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**Prefix: Mr.\*First Name: ArthurMiddle Name: Joseph\*Last Name: Aguilar

Suffix: \_\_\_\_\_

\*Title: General Manager

\*Telephone Number: (323) 201-5500

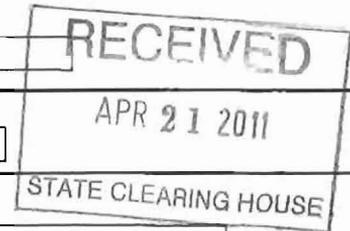
Fax Number: (323) 201-5550

\* Email: arfa@centralbasin.org

\*Signature of Authorized Representative: \*Date Signed: 4/20/11

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	
<b>State Use Only:</b>		
6. Date Received by State: _____	7. State Application Identifier: _____	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="Plumas Rural Services"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2722880	* c. Organizational DUNS: <input type="text" value="1986795320000"/>	
<b>d. Address:</b>		
* Street 1: <input type="text" value="586 Jackson Street"/>	Street 2: _____	
* City: <input type="text" value="Quincy"/>	County: <input type="text" value="Plumas"/>	
* State: <input type="text" value="CA: California"/>	Province: _____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: <input type="text" value="95971"/>		
<b>e. Organizational Unit:</b>		
Department Name: _____	Division Name: _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____	* First Name: <input type="text" value="Michele"/>	
Middle Name: <input type="text" value="Lynn"/>		
* Last Name: <input type="text" value="Pillier"/>		
Suffix: _____		
Title: <input type="text" value="Executive Director"/>		
Organizational Affiliation: _____		
* Telephone Number: <input type="text" value="530-283-2735"/>	Fax Number: <input type="text" value="530-283-3647"/>	
* Email: <input type="text" value="mpillier@plumasruralservices.org"/>		



**Application for Federal Assistance SF-424****9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:****11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

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

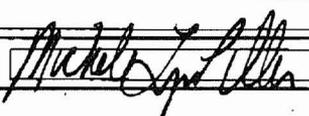
\* Title:

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):****\* 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
<b>16. Congressional Districts Of:</b>	
* a. Applicant CA-004	* b. Program/Project CA-004
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
<b>17. Proposed Project:</b>	
* a. Start Date: 10/01/11	* b. End Date: 03/31/12
<b>18. Estimated Funding (\$):</b>	
* a. Federal	\$49,944.35
* b. Applicant	\$2,628.65
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$52,573.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	04/21/11
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: <input type="text"/>	* First Name: Michele
Middle Name: Lynn	
* Last Name: Piller	
Suffix: <input type="text"/>	
* Title: Executive Director	
* Telephone Number: 530-283-2735	Fax Number: 530-283-3647
* Email: mpiller@plumasruralservices.org	
* Signature of Authorized Representative: 	* Date Signed: 04/21/2011

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

11-9706-1977-CA NAI

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: California Departement of Food and Agriculture

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

68-0325104

\*c. Organizational DUNS:

807-487-665

**d. Address:**

\*Street 1: 1220 N Street

Street 2: \_\_\_\_\_

\*City: Sacramento Place: 64000

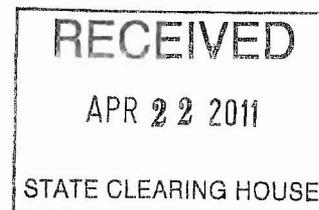
County: Sacramento County: 067

\*State: CA 06

Province: \_\_\_\_\_

\*Country: USA GSA:3150

\*Zip / Postal Code 95814



**e. Organizational Unit:**

Department Name:

California Department of Food and Agriculture

Division Name:

Animal Health and Food Safety Services

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

Prefix: Dr. \*First Name: Michael

Middle Name: \_\_\_\_\_

\*Last Name: Poulos

Suffix: \_\_\_\_\_

Title: Veterinary Medical Officer IV

Organizational Affiliation:

None

\*Telephone Number: (530) 949-2003

Fax Number: (530) 225-2240

\*Email: Michael.Poulos@cdfa.ca.gov

**Application for Federal Assistance SF-424**

Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

USDA, APHIS, Veterinary Services

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

Plant Pest and Animal Disease \_\_\_\_\_

CFDA Title:

very virulent Infectious Bursal Disease Virus \_\_\_\_\_

**\*12 Funding Opportunity Number:**

10-025 \_\_\_\_\_

\*Title:

Plant Pease and Animal Disease \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

Entire State of California (06)

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

very virulent Infectious Bursal Disease Virus Prevalence Study

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 05

\*b. Program/Project: Statewide

**17. Proposed Project:**

\*a. Start Date: 4/1/2011

\*b. End Date: 3/31/2012

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

*a. Federal	_____	20,000
*b. Applicant	_____	
*c. State	_____	12,612
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	32,612

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

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

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

- Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Kathy

Middle Name: \_\_\_\_\_

\*Last Name: Alameda

Suffix: \_\_\_\_\_

\*Title: Federal Funds Manager

\*Telephone Number: (916) 651-9888

Fax Number: \_\_\_\_\_

\* Email: KAlameda@cdfa.ca.gov

\*Signature of Authorized Representative: 

\*Date Signed: 4/21/11

**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

11-9706-1934-CA

**State Use Only:**

6. Date Received by State:

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:

807-487-665

**d. Address:**

\*Street 1: 1220 N Street

Street 2: \_\_\_\_\_

\*City: Sacramento Place: 6400

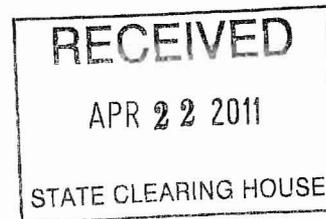
County: Sacramento County: 067

\*State: CA 06

Province: \_\_\_\_\_

\*Country: USA GSA: 3150

\*Zip / Postal Code 95814



**e. Organizational Unit:**

Department Name:

California Department of Food and Agriculture

Division Name:

Animal Health and Food Safety Services

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

Prefix: Dr. \*First Name: Sarah

Middle Name: \_\_\_\_\_

\*Last Name: Mize

Suffix: \_\_\_\_\_

Title: Veterinary Medical Officer IV

Organizational Affiliation:

\*Telephone Number: (909) 947-4462

Fax Number: (909) 923-5128

\*Email: sarah.mize@cdfa.ca.gov

**Application for Federal Assistance SF-424**

Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

USDA,APHIS, Veterinary Services

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

Plant Pest and Animal Disease \_\_\_\_\_

CFDA Title:

Notifiable Avian Influenza-Live Bird Marketing System \_\_\_\_\_

**\*12 Funding Opportunity Number:**

10-025 \_\_\_\_\_

\*Title:

Plant Pest and Animal Disease \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

Entire State of California (06)

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

Notifiable Avian Influenza in the Live Bird Marketing System (LBMS) program

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 05

\*b. Program/Project: Statewide

**17. Proposed Project:**

\*a. Start Date: 4/1/11

\*b. End Date: 3/31/12

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

*a. Federal	_____	196,250
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	64,190
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	260,440

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

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

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

- Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Kathy \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: Alameda \_\_\_\_\_

Suffix: \_\_\_\_\_

\*Title: Federal Funds Manager

\*Telephone Number: (916) 651-9888

Fax Number: \_\_\_\_\_

\* Email: Kathy.Alameda@cdfa.ca.gov

\*Signature of Authorized Representative: 

\*Date Signed: 4/21/11

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):																															
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New		A. Increase Award																															
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)																															
<input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision		A. Increase Award																															
*3. Date Received:			4. Application Identifier:																																
5a. Federal Entry Identifier:			*5b. Federal Award Identifier: E-00915511																																
<b>State Use Only:</b>																																			
6. Date Received by State:			7. State Application Identifier:																																
<b>8. APPLICANT INFORMATION:</b>																																			
* a. Legal Name: Department of Pesticide Regulation																																			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325102			*c. Organizational DUNS: 808321897																																
d. Address:																																			
*Street1: 1001 I Street - Floor 4, MS4A																																			
Street 2:																																			
*City: Sacramento, CA																																			
County: Sacramento, CA																																			
*State: California																																			
Province:																																			
Country: USA																																			
*Zip/ Postal Code: 95812-4015																																			
e. Organizational Unit:																																			
Department Name: Department of Pesticide Regulation			Division Name: Administrative Services																																
f. Name and contact information of person to be contacted on matters involving this application:																																			
Prefix: Mr.		First Name: David																																	
Middle Name: Charles																																			
*Last Name: McCarty																																			
Suffix:																																			
Title: Staff Services Manager I																																			
Organizational Affiliation:																																			
		<table border="1"> <tr> <td>Post-it* Fax Note</td> <td>7671</td> <td>Date</td> <td>4/25/11</td> <td># of pages</td> <td>3</td> </tr> <tr> <td>To</td> <td>SHERRA Clearinghouse</td> <td>From</td> <td>David McCarty</td> <td colspan="2"></td> </tr> <tr> <td>Co./Dept.</td> <td>Gov. OFFICE Plan. + Res.</td> <td>Co.</td> <td>DPR</td> <td colspan="2"></td> </tr> <tr> <td>Phone</td> <td>(916) 322-2318</td> <td>Phone</td> <td>(916) 445-1528</td> <td colspan="2"></td> </tr> <tr> <td>Fax #</td> <td>" 324-9936</td> <td>Fax #</td> <td>445-4149</td> <td colspan="2"></td> </tr> </table>				Post-it* Fax Note	7671	Date	4/25/11	# of pages	3	To	SHERRA Clearinghouse	From	David McCarty			Co./Dept.	Gov. OFFICE Plan. + Res.	Co.	DPR			Phone	(916) 322-2318	Phone	(916) 445-1528			Fax #	" 324-9936	Fax #	445-4149		
Post-it* Fax Note	7671	Date	4/25/11	# of pages	3																														
To	SHERRA Clearinghouse	From	David McCarty																																
Co./Dept.	Gov. OFFICE Plan. + Res.	Co.	DPR																																
Phone	(916) 322-2318	Phone	(916) 445-1528																																
Fax #	" 324-9936	Fax #	445-4149																																
*Telephone Number: (916) 445-1528		Fax Number: (916) 445-4149																																	
*Email: dmccarty@cdpr.ca.gov																																			

RECEIVED

APR 25 2011

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\*12. Funding Opportunity Number: 66.700

\*Title: State/Tribal Cooperative Agreement

13. Competition Identification Number:

Title:

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

California

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

Supplemental Project Titles:

1. Soil Fumigant PIRT Course in California
2. California Poison Control System

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant

California

\*b. Program/Project:

All for congressional districts in CA

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

17. Proposed Project: Supplemental: 1. Soil Fumigant PIRT Course in CA 2. California Poison Control Sys.

\*a. Start Date: Project 1. 5/1/11 2. 7/1/11

\*b. End Date: Proj. 1. 12/31/11 2. 6/30/12

18. Estimated Funding (\$):

\*a. Federal

\$ 200,000

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL

~~-\$0.00~~

\$ 200,000

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

 a. This application was made available to the State under the Executive Order 12372 Process for review on April \_\_, 2011 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372

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

 Yes No

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

 \*\*I AGREE

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

Authorized Representative:

Prefix: Mr.

\*First Name: Christopher

Middle Name:

\*Last Name: Reardon

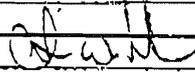
Suffix:

\*Title: Acting Director, Department of Pesticide Regulation

\*Telephone Number: (916) 445-1528

Fax Number: (916) 324-1452

\*Email: creardon@cdpr.ca.gov

\*Signature of Authorized Representative: 

Date Signed: April 20, 2011

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

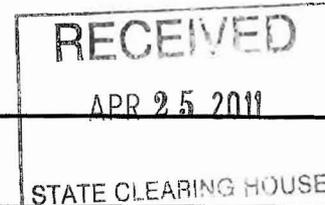
- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_



3. Date Received:

4. Applicant Identifier:

5a. 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 Oroville

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
94-6000387

\*c. Organizational DUNS:  
086123437

**d. Address:**

\*Street 1: 1735 Montgomery Street  
Street 2: \_\_\_\_\_  
\*City: Oroville  
County: Butte  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: \_\_\_\_\_  
\*Zip / Postal Code 95965

**e. Organizational Unit:**

Department Name:  
Business Assistance & Housing Development

Division Name:  
Business Assistance

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

Prefix: Mr. \*First Name: Rick  
Middle Name: C.  
\*Last Name: Farley  
Suffix: \_\_\_\_\_

Title: Business Assistance and Enterprise Zone Coordinator

Organizational Affiliation:  
City of Oroville

\*Telephone Number: (530) 538-4307

Fax Number: (530) 538-2539

\*Email: farleyrc@cityoforoville.org

**Application for Federal Assistance SF-424**

Version 02

**\*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:**

USDA Rural Development

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

10-769 \_\_\_\_\_

CFDA Title:

Rural Business Enterprise Grant (RBEG) \_\_\_\_\_

**\*12 Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS \_\_\_\_\_

\*Title:

MBL-SF424 FAMILY-ALL FORMS \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

City of Oroville

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

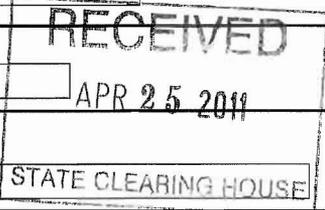
Technical Assistance and Training program for Small Private Business Enterprises



**Application for Federal Assistance SF-424**

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

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



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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: Southern California Presbyterian Homes	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1894293	* c. Organizational DUNS: 0699253450000

**d. Address:**

* Street1: 516 Burchett Street
Street2: _____
* City: Glendale
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 91203-1014

**e. Organizational Unit:**

Department Name: Affordable Housing	Division Name: Corporate Office
-------------------------------------	---------------------------------

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

Prefix: Ms.	* First Name: Jacqueline
Middle Name: A.	
* Last Name: Seegobin	
Suffix: _____	
Title: Director, Affordable Housing	

Organizational Affiliation: N/A
---------------------------------

* Telephone Number: 818/ 247-0420	Fax Number: 818/ 247-3871
-----------------------------------	---------------------------

* Email: jacquelinesseegobin@scphs.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:**

US Department of Housing and Urban Development

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

14.157

CFDA Title:

Supportive Housing for the Elderly

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

FR-5415-N-38

\* Title:

Section 202 Supportive Housing for the Elderly

**13. Competition Identification Number:**

S202-38

Title:

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

Standard Form 424 Question 14..doc

Add Attachment

Delete Attachment

View Attachment

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

Construction and management of a 43 unit affordable housing community for low income seniors in the city of Duarte, to be developed under the Section 202 Supportive Housing for the Elderly 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.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="7,013,050.00"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="1,200,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="8,238,050.00"/>

**\* 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:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

\_\_\_\_\_  
\* Other (Specify): \_\_\_\_\_



**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**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):**

93-1137247

**\* c. Organizational DUNS:**

9425149850000

**d. Address:**

**\* Street1:**

1600 Holloway Avenue

**Street2:**

\_\_\_\_\_

**\* City:**

San Francisco

**County/Parish:**

San Francisco

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

94132-0000

**e. Organizational Unit:**

**Department Name:**

Office of Research & Sponsored

**Division Name:**

Academic Affairs

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

**Prefix:**

Dr.

**\* First Name:**

William

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Kimmerer

**Suffix:**

\_\_\_\_\_

**Title:**

Senior Research Scientist

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

415-338-3515

**Fax Number:**

415-435-7120

**\* Email:**

kimmerer@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:**

U. S. Geological Survey

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

15.608

**CFDA Title:**

U.S. Geological Survey\_ Research and Data Collection

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

G11AS20016

**\* Title:**

Cooperative Ecosystem Studies Unit

**13. Competition Identification Number:**

G11AS20016

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

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

Studies on the Role of Zooplankton Density and Feeding Success in the Spawning Migration of Delta Smelt (*Hypomesus transpacificus*) in the Sacramento-San Joaquin Delta

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="99,833.00"/>
* 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="99,833.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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



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

Application for Federal Assistance SF-424		Version 02
* 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
* 3. Date Received: 04/28/2011		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 4. Applicant Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		REC VED APR 28 2011 STATE CLEARING HOUSE
State Use Only: 6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: HRL Laboratories, LLC		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 954663143		* c. Organizational DUNS: 836301622
<b>d. Address:</b>		
* Street1: 3011 Malibu Canyon Road		
Street2: <input type="text"/>		
* City: Malibu		
County: <input type="text"/>		
* State: CA: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 90265		
<b>e. Organizational Unit:</b>		
Department Name: HRL Contracts		Division Name: Contracts
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Ms.	* First Name: Regina	
Middle Name: S.		
* Last Name: Quddus		
Suffix: <input type="text"/>		
Title: Room Temp H2 Storage in Nano-Confined Liquids		
Organizational Affiliation: General Motors Corporation and The Boeing Company		
* Telephone Number: 310-317-5432		Fax Number: 310-317-5676
* Email: HRLContracts@hrl.com		

**Application for Federal Assistance SF-424**

Version 02

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

Q: For-Profit Organization (Other than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Golden Field Office

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

81.087

CFDA Title:

Renewable Energy Research and Development

\* 12. Funding Opportunity Number:

DE-FOA-0000421

\* Title:

Research and Development for Hydrogen Storage

**13. Competition Identification Number:**

Title:

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

Malibu, Los Angeles County, CA

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

Room Temperature Hydrogen Storage in Nano-Confined Liquids

Attach supporting documents as specified in agency instructions.

Add Attachments Delete Attachments View Attachments

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

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant \* 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="1,199,616.00"/>
* b. Applicant	<input type="text" value="299,904.00"/>
* 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="1,499,520.00"/>

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

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

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

Yes  No

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

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



* 3. Date Received: _____	4. Applicant Identifier: not applicable
------------------------------	--

5a. Federal Entity Identifier: not applicable	* 5b. Federal Award Identifier: not applicable
--	---

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: Self-Help Home Improvement Project	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2990678	* c. Organizational DUNS: 088852603

**d. Address:**

* Street 1:	3777 Meadowview Drive #100
Street 2:	_____
* City:	Redding
County:	Shasta
* State:	California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	96002

**e. Organizational Unit:**

Department Name: SHHIP	Division Name: New Construction
---------------------------	------------------------------------

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

Prefix: _____	* First Name: Keith
Middle Name: _____	
* Last Name: Griffith	
Suffix: _____	
Title: Executive Director	
Organizational Affiliation: _____	

* Telephone Number: (530) 378-6904	Fax Number: (530) 378-6910
* Email: kgrif@shhip.org	

**Application for Federal Assistance SF-424**

Version 02

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

M.Nonprofitw/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

NGMS Agency USDA Rural Development

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

10-420

CFDA Title:

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

MBL-SF424 FAMILY-ALL FORMS 10-420

\* Title:

MBL-SF424 FAMILY - ALL FORMS

Self-help new construction

**13. Competition Identification Number:**

Not applicable

Title:

Not Applicable

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

Shasta and Tehama counties, California

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

Application for funding for a rural Self-Help Technical Assistance program for 20 housing units over a two year period.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="\$500,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$500,000.00"/>

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

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

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

Yes  No

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

**\*\* I AGREE**

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 04/29/2011	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	RECEIVED APR 29 2011
---	--	-------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Foundation for CSU, San Bernardino	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6067343	* c. Organizational DUNS: 030579213

d. Address:

* Street1: 5500 University Parkway
Street2: _____
* City: San Bernardino
County: San Bernardino
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92407-2318

e. Organizational Unit:

Department Name: Biology/Academic Research	Division Name: Nat Science/Academic Affairs
--	---

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

Prefix: Dr.	* First Name: Ellen
Middle Name: _____	
* Last Name: Shimakawa	
Suffix: Ph.D	
Title: Interim Director, Research & Sponsored Program	
Organizational Affiliation: California State University, San Bernardino	
* Telephone Number: 909-537-5027	Fax Number: 909-537-7028
* Email: eshimaka@csusb.edu	

**Application for Federal Assistance SF-424**

Version 02

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

H: Public/State Controlled Institution of Higher Education

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

S: Hispanic-serving Institution

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

\* Other (specify):

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

U.S. Department of Education

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

84.031

CFDA Title:

Higher Education\_Institutional Aid

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

ED-GRANTS-032511-002

\* Title:

Hispanic-Serving Institutions STEM

**13. Competition Identification Number:**

Title:

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

San Bernardino and Riverside Counties

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

Preparing to succeed in the STEM workforce: Computer Science and Engineering, and Information Assurance

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="CA-041"/>	* b. Program/Project <input type="text" value="CA-041"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="10/01/2011"/>	* b. End Date: <input type="text" value="09/30/2016"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="3,382,213.00"/>	
* 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="3,382,213.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04/29/2011"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
<b>** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</b>		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Deborah"/>
Middle Name:	<input type="text" value="L"/>	
* Last Name:	<input type="text" value="Burns"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Executive Director, Foundation for CSUSB"/>	
* Telephone Number:	<input type="text" value="909-537-3939"/>	Fax Number: <input type="text" value="909-537-7036"/>
* Email:	<input type="text" value="dburns@csusb.edu"/>	
* Signature of Authorized Representative:	<input type="text" value="Ellen Shimakawa"/>	* Date Signed: <input type="text" value="04/29/2011"/>

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	04/29/2011	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		G1098042	
<input type="checkbox"/> Construction				Federal Identifier	
<input type="checkbox"/> Non-Construction				W-XX-D-1	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit:		
Organizational DUNS: 808322358			Department: Fish and Game		
Address: Street: 1831 9TH STREET			Division: GRANTS MANAGEMENT BRANCH		
City: SACRAMENTO			Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: SACRAMENTO			Prefix: Ms First Name: CARRIE		
State: CA Zip Code 95811			Middle Name		
Country: USA			Last Name HOLLER		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			Phone Number (give area code) (916) 327-0062		Fax Number (give area code) (916) 327-6320
B. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types)		
Other (specify)			A. State		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT			Other (specify)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATEWIDE			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
13. PROPOSED PROJECT Start Date: 07/01/2010 Ending Date: 06/30/2012			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - UNSTAFFED WILDLIFE AREAS AND ECOLOGICAL RESERVES		
15. ESTIMATED FUNDING:			14. CONGRESSIONAL DISTRICTS OF:		
a. Federal	\$	181,471.00	a. Applicant	3	
b. Applicant	\$		b. Project	VARIOUS	
c. State	\$	60,491.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local	\$		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
e. Other	\$		DATE: 04/29/2011		
f. Program Income	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
g. TOTAL	\$	241,962.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
a. Authorized Representative			<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
Prefix	Mr.	First Name	BLAINE		Middle Name
Last Name	NICKENS		Suffix		
b. Title	CHIEF, GRANTS MANAGEMENT BRANCH		c. Telephone Number (give area code) (916) 445-9300		
d. Signature of Authorized Representative			a. Date Signed 4/29/2011		

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