Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16 - 30, 2012.** 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.

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

RECEIVED
APR 16 2012
STATE CLEARING HOUSE

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

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: Youth Centers of America

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
77-0448258	961361581

d. Address:

* Street1: 580 Tulare Street
Street2:
* City: Parlier
County: Fresno
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93648

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: Israel
Middle Name:
* Last Name: Lara Jr.
Suffix:

Title: President

Organizational Affiliation:
Youth Centers of America

* Telephone Number: 559-646-3837 Fax Number: 559-646-9627

* Email: ilara@youthcentersofamerica.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

non-profit 501c3 organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grants (RBEG)

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS

* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

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

Raisin City, California 93652 Del Rey, California 93616

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

Technology Innovation Strategies "Technical Assistance Training Program"

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-020
* 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: 10/1/2012
* b. End Date: 9/31/2013

18. Estimated Funding ($):

* a. Federal	90,000.00
* b. Applicant	40,000.00
* c. State	
* d. Local	
* e. Other	5,000.00
* f. Program Income	
* g. TOTAL	135,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 4/10/2012.

[ ] 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 [X] No Explanation

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

[X] **** 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: Israel

Middle Name:

* Last Name: Lara

Suffix:

* Title: President

* Telephone Number: 559-646-3837 Fax Number: 559-646-9627

* Email: ilara@youthcentersofamerica.org

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

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 04/16/2012

4. Applicant Identifier:

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APR 16 2012
STATE CLEARING HOUSE

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: STATE OF CALIFORNIA, CALIFORNIA ENERGY COMMISSION

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680364962

* c. Organizational DUNS: 002540768

d. Address:

* Street1: 1516 Ninth Street, MS 1
Street2:
* City: Sacramento
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814-5512

e. Organizational Unit:

Department Name: GRANTS & LOANS OFFICE

Division Name: ADMINISTRATIVE SERVICES

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

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

Title: Grants and Loans Officer

Organizational Affiliation: California Energy Commission

* Telephone Number: 916-651-3777

Fax Number: 916-654-4076

* Email: rkravitz@energy.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.119

CFDA Title:

State Energy Program Special Projects

*** 12. Funding Opportunity Number:**

DE-FOA-0000650

* Title:

State Energy Program 2012 Competitive Awards

13. Competition Identification Number:

Title:

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

Project sites will include California Department of Corrections and Rehabilitation facilities, California Community Colleges campuses, and local government throughout the state.

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

California Public Facilities Energy Financing Partnership (CPFEFP)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-21

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2012
* b. End Date: 09/30/2014

18. Estimated Funding ($):

* a. Federal	750,000.00
* b. Applicant	67,130.00
* c. State	0.00
* d. Local	0.00
* e. Other	8,484,520.00
* f. Program Income	0.00
* g. TOTAL	9,301,650.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/16/2012.
- [ ] 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
- [x] No

Explanation...

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

- [x] ** 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: Mark
Middle Name:
* Last Name: Hutchison
Suffix:

* Title: Deputy Director, Financial Mgt. Services

* Telephone Number: 916 654 6718
Fax Number:

* Email: mhutchis@energy.ca.gov

* Signature of Authorized Representative: Raquel Kravitz
* Date Signed: 04/18/2012

Authorized for Local Reproduction

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED April 17, 2012	Applicant Identifier Dept. of Food and Agriculture	
3. DATE RECEIVED BY STATE March 21, 2012	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-0934-GR	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational DUNS: 807487665

Address:
Street: 1220 N Street, Room 315
City: Sacramento
County: Sacramento
State: California
Zip Code: 95814
Country: United States

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Organizational Unit:
Department: Food and Agriculture
Division: Plant Health and Pest Prevention Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Jason
Middle Name: K
Last Name: Chan
Suffix:
Email: jason.chan@cdfa.ca.gov
Phone Number (give area code): (916) 654-1211
Fax Number (give area code): (916) 654-0555

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104

7. TYPE OF APPLICANT: (See back of form for Application Types)
A - State
Other (specify)

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

9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025
TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Exotic Fruit Fly

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

13. PROPOSED PROJECT
Start Date: January 1, 2012
Ending Date: December 31, 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: District 40
b. Project: Exotic Fruit Fly

15. ESTIMATED FUNDING:

a. Federal	$ 2,097,000.00
b. Applicant	$ .00
c. State	$ 12,973,873.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 15,070,873.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: March 21, 2012
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative
Prefix:
First Name: Kathy
Middle Name:
Last Name: Alameda
Suffix:
b. Title: Manager, Federal Funds Management Office
c. Telephone Number (give area code): (916) 403-6525
d. Signature of Authorized Representative:
e. Date Signed:

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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APR 17 2012
STATE CLEARING HOUSE

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): 680386518

* c. Organizational DUNS: 6121771620000

d. Address:

* Street1: CSU, Chico - Building 25
Street2: California State University, Chico
* City: Chico
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95929-0870

e. Organizational Unit:

Department Name: Research and Sponsored Program

Division Name:

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

Prefix: Ms.
* First Name: Karen
Middle Name:
* Last Name: Hansen
Suffix:

Title: Grant & Contract Analyst II

Organizational Affiliation: CSU Chico Research Foundation

* Telephone Number: 530-898-6286
Fax Number: 530-898-6804

* Email: kthansen@csuchico.edu

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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.708

CFDA Title:

Pollution Prevention Grants Program

*** 12. Funding Opportunity Number:**

EPA-HQ-OPPT-2012-003

* Title:

Fiscal Year 2012 Pollution Prevention Grant Program

13. Competition Identification Number:

NONE

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Bio-Fiberboard Development of Particleboard Replacement for the Construction Industry

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-002
b. Program/Project: US-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2012
* b. End Date: 07/31/2014

18. Estimated Funding ($):

* a. Federal	77,877.00
* b. Applicant	0.00
* c. State	58,896.00
* d. Local	0.00
* e. Other	20,000.00
* f. Program Income	0.00
* g. TOTAL	156,773.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/16/2012.

[ ] 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 [X] 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)**

[X] ** 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, Research and Sponsored Programs
* Telephone Number: 530-898-5700
Fax Number: 530-898-6804
* Email: casager@csuchico.edu
* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☑ Application	☑ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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APR 17 2012
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	R9 Tracking#:12-025

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 Diego County Air Pollution Control District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
33-0488415	623879223

d. Address:

* Street1: 10124 Old Grove Road
Street2:
* City: San Diego
County: San Diego
* State: CA
Province:
* Country: United States of America
* Zip / Postal Code: 92131

e. Organizational Unit:

Department Name:	Division Name:
Air Pollution Control District	Monitoring

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

Prefix: Mr. * First Name: Mahmood
Middle Name:
* Last Name: Hossain
Suffix:

Title: Chief, Air Pollution Control

Organizational Affiliation:

* Telephone Number: (858)586-2760 Fax Number: (858)586-2601

* Email: mahmood.hossain@sdcounty.ca.gov

Post-it® Fax Note 7671	Date 4/17/12	# of pages ▶
To STATE CLEARINGHOUSE	From F. ALJIAK	
Co./Dept.	Co. SAN DIEGO APCD	
Phone #	Phone # 858-586-2630	
Fax # 916-323-3018	Fax # 858-586-2601	

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

B

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-034

CFDA Title:

Section 103 PM 2.5 Grant

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

County of San Diego

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

San Diego County Air Pollution Control District Program to develop and implement the fine particulate monitoring (PM2.5) network

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-52
* b. Program/Project: 50,53

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04-01-2009
* b. End Date: 03-31-2013

18. Estimated Funding ($):

* a. Federal	$301,230.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$301,230.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 4/13/2012
- [ ] 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
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:	Mr.
* First Name:	Robert
Middle Name:	
* Last Name:	Kard
Suffix:	
* Title:	Air Pollution Control Officer
* Telephone Number:	(858)586-2600
Fax Number:	(858)586-2601
* Email:	robert.kard@sdcounty.ca.gov
* Signature of Authorized Representative:	Robert J Kard
* Date Signed:	04-12-12

Authorized for Local Reproduction

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

4.12.12

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

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

RECEIVED
APR 17 2012
STATE CLEARING HOUSE

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

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	EMW-2011-SS-0084-S01

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Fort Mojave Indian Tribe of California, Arizona and Nevada

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-2380606	0760591790000

d. Address:

* Street1:	500 Merriman Avenue
Street2:	
* City:	Needles
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92363-4136

e. Organizational Unit:

Department Name:	Division Name:
Dept. of Emergency Response	

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

Prefix:	Mr.	* First Name:	James
Middle Name:	Richard		
* Last Name:	Krempasky		
Suffix:			

Title: Homeland Security Analyst

Organizational Affiliation:
FMIT Department of Emergency Response

* Telephone Number:	760-326-9650	Fax Number:	760-326-9652

* Email: jameskrempasky@fortmojave.com

Application for Federal Assistance SF-424

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

I: Indian/Native American Tribal Government (Federally Recognized)

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-12-GPD-067-000-01

* Title:

Fiscal Year 2012 Tribal Homeland Security Grant Program (THSGP)

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:**

IJ 1 -Fort Mojave All Hazard/Threat, Whole Community Continuation Project
IJ 2 - Fort Mojave RCOMM CLEAR TOK Continuation 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: CA41

b. Program/Project: CA41

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

Congressional Districts for the Fort Mojav | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/30/2012

* b. End Date: 09/30/2014

18. Estimated Funding ($):

* a. Federal	648,850.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	648,850.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/17/2012.
- [ ] 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
- [x] 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)**

- [x] ** 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: Timothy

Middle Name:

* Last Name: Williams

Suffix:

* Title: Chairman

* Telephone Number: 760-629-4591

Fax Number: 760-629-5767

* Email: TimothyWilliams@fortmojave.com

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

* Date Signed: Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] 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:

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8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Fish and Game

* b. Employer/Taxpayer Identification Number (EIN/TIN): 941697367

* c. Organizational DUNS: 8083223580000

d. Address:

* Street1: 830 "S" Street

Street2:

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95811-7023

e. Organizational Unit:

Department Name: Fish and Game

Division Name: Wildlife and Fisheries

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

Prefix: Ms.

* First Name: Patty

Middle Name:

* Last Name: Forbes

Suffix:

Title: Senior Environmental Scientist

Organizational Affiliation:
Coordinator CDFG Fisheries Restoration Grant Program

* Telephone Number: 916-327-8842

Fax Number: 916-327-8854

* Email: pforbes@dfg.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:

11.438

CFDA Title:

Pacific Coast Salmon Recovery_Pacific Salmon Treaty Program

* 12. Funding Opportunity Number:

NOAA-NMFS-NWRO-2012-2003324

* Title:

Pacific Coastal Salmon Recovery Fund

13. Competition Identification Number:

2270282

Title:

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

Add Attachment | Delete Attachment | View Attachment

* 15. Descriptive Title of Applicant's Project:

CA Department of Fish and Game Fisheries Restoration Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-005
b. Program/Project: 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: 07/01/2012
* b. End Date: 06/30/2017

18. Estimated Funding ($):

* a. Federal	30,000,000.00
* b. Applicant	0.00
* c. State	9,900,000.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	39,900,000.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 04/18/2012.

☐ 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: Mr.
* First Name: Stafford
Middle Name:
* Last Name: Lehr
Suffix:

* Title: Fisheries Branch Chief

* Telephone Number: 916-327-8840
Fax Number: 916-327-8854

* Email: slehr@dfg.ca.gov

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED March 28, 2012	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of South Lake Tahoe	Organizational Unit:
	Department: Department of Public Works
Organizational DUNS: 09-5883476	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 1901 Airport Road, Suite 100	Prefix: Ms. / First Name: Sherry
City: South Lake Tahoe	Middle Name
County: El Dorado	Last Name: Miller
State: California / Zip Code: 96150	Suffix:
Country: USA	Email: smiller@cityofslt.us
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1610868	Phone Number (give area code): (530) 542-6182 / Fax Number (give area code): (530) 544-6366

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal. Other (specify)
	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106. TITLE (Name of Program): Airport Improvement Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California Environmental Assessment (EA)
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South Lake Tahoe; El Dorado County; Douglas City, Nevada	
13. PROPOSED PROJECT: Start Date: 2012 / Ending Date: 2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14 / b. Project 14

15. ESTIMATED FUNDING:	
a. Federal	$ 49,500.00
b. Applicant	$ 4,263.00
c. State	$ 1,237.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 55,000.00

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

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

DATE: March 29, 2012

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix: Ms.	First Name: Sherry	Middle Name
Last Name: Miller		Suffix
b. Title: Airport Manager		c. Telephone Number (give area code): (530) 542-6048
d. Signature of Authorized Representative: Sherry Miller		e. Date Signed: 4-10-12

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☒ Construction ☐ Non-Construction; Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 04/16/2012	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of Sutter

Organizational DUNS: 076123488

Address:
Street: 1130 Civic Center Boulevard
City: Yuba City
County: Sutter
State: CA
Zip Code: 95993
Country: United States

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Organizational Unit:
Department: Public Works
Division: Roads

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Neal
Middle Name: Patrick
Last Name: Hay
Suffix:
Email: nhay@co.sutter.ca.us
Phone Number (give area code): (530) 822-7450
Fax Number (give area code): (530) 822-7457

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000542

7. TYPE OF APPLICANT: (See back of form for Application Types)
B. County
Other (specify)

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

9. NAME OF FEDERAL AGENCY: Department of Transportation, Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Sutter County Airport - Runway Lighting Improvements

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
County of Sutter

13. PROPOSED PROJECT
Start Date: November 2012
Ending Date: April 2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: District 2
b. Project: District 2

15. ESTIMATED FUNDING:

a. Federal	$ 618,400.00
b. Applicant	$ 17,087.00
c. State	$ 15,460.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 650,947.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 4/17/12
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

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

a. Authorized Representative
Prefix: Mr. First Name: Douglas Middle Name: R.
Last Name: Gault Suffix:
b. Title: Director of Public Works
c. Telephone Number (give area code): (530) 822-7450
d. Signature of Authorized Representative: Douglas R. Gault
e. Date Signed: 4/16/12

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

OMB Number: 4040-0002
Expiration Date: 8/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:** Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

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*** a. Legal Name:** City of Fresno, Department of Transportation/FAX

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 946000338

*** c. Organizational DUNS:** 169204872

d. Address:

* Street1: 2223 G Street

Street2:

* City: Fresno

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 93706

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Darlene

Middle Name:

* Last Name: Christiansen

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 5596211469

Fax Number:

* Email: darlene.christiansen@fresno.gov

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

C: City or Township Government

* Other (specify):

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.522

CFDA Title:

Alternatives Analysis

11. Areas Affected by Funding:

The corridor runs through the cities of Fresno and Clovis, California.

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:	b. Program/Project:
CA020	CA020

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

AddlCongressionalDistricts.t | Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date:	b. End Date:
10/01/2012	09/30/2014

14. ESTIMATED FUNDING:

* a. Federal ($):	b. Match ($):
440,400.00	92,900.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 04/19/2012
- [ ] b. Program is subject to E.O. 12372 but has not been selected by State for review.
- [ ] c. Program is not covered by E.O. 12372.

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes ☐ No ☒ Explanation

17. 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 ☒

** This 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:
	Kenneth

Middle Name: P

* Last Name: Hamm

Suffix:	* Title:
	Director of Transportation

Organizational Affiliation:

* Telephone Number: 5596211440

* Fax Number: 5594881065

* Email: kenneth.hamm@fresno.gov

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

* Date Signed: Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0002
Expiration Date: 8/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:** Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

*** a. Legal Name:** San Francisco Municipal Transportation Agency

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STATE CLEARING HOUSE

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-1160893

*** c. Organizational DUNS:** 956617435

d. Address:

* Street1: 1 South Van Ness Avenue, 8th Floor

Street2:

* City: San Francisco

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94103

e. Organizational Unit:

Department Name: Grants Procurement

Division Name: Finance & Info Technology Div.

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

Prefix: Mr.

* First Name: Joel

Middle Name: C.

* Last Name: Goldberg

Suffix:

Title: Manager of Grants Procurement and Management

Organizational Affiliation:

* Telephone Number: 415-701-4499

Fax Number:

* Email: Joel.Goldberg@sfmta.com

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

B: County Government

* Other (specify):

b. Additional Description:

Transit and Transportation Agency

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.522

CFDA Title:

Alternatives Analysis

11. Areas Affected by Funding:

The City and County of San Francisco

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: 8

b. Program/Project: 8

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 08/01/2012

b. End Date: 07/31/2015

14. ESTIMATED FUNDING:

* a. Federal ($): 710,000.00

b. Match ($): 300,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 04/19/2012
- [ ] b. Program is subject to E.O. 12372 but has not been selected by State for review.
- [ ] c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes ☐ No ☒ Explanation

17. 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 ☒

** This 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:
Ms.	Suzanne

Middle Name:

* Last Name:
Wang

Suffix:	* Title:
	Principal Grants Analyst

Organizational Affiliation:

* Telephone Number:
(415) 701-4541

* Fax Number:
(415) 701-4734

* Email:
Suzanne.Wang@sfmta.com

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

* Date Signed:
Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0002
Expiration Date: 8/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:** Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

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7. APPLICANT INFORMATION:

*** a. Legal Name:** Santa Clara Valley Transportation Authority (VTA)

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-2186907

*** c. Organizational DUNS:** 092202837

d. Address:

* Street1: 3331 North First Street

Street2:

* City: San Jose

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95134-1906

e. Organizational Unit:

Department Name: Grants Planning & Management

Division Name: Congestion Management Agency

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

Prefix: Mr.

* First Name: Mike

Middle Name:

* Last Name: Tasosa

Suffix:

Title: Senior Transportation Planner

Organizational Affiliation:

* Telephone Number: (408) 321-5752

Fax Number: (408) 955-9765

* Email: mike.tasosa@vta.org

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

D: Special District Government

* Other (specify):

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: 16

b. Program/Project:

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

Congressional Districts (Pla | Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 07/16/2012

b. End Date: 12/31/2013

14. ESTIMATED FUNDING:

* a. Federal ($): 1,600,000.00

b. Match ($): 400,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 04/19/2012
- [ ] b. Program is subject to E.O. 12372 but has not been selected by State for review.
- [ ] c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes ☐ No ☒ Explanation

17. 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 ☒

** This 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:
Ms.	Marcella

Middle Name:

*Last Name: Rensi

Suffix:	* Title:
	Transportation Planning Manager

Organizational Affiliation:

* Telephone Number: (408) 321-5717

* Fax Number: (408) 955-9765

* Email: marcella.rensi@vta.org

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

* Date Signed: Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED 04/18/2012	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction	☑ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: El Dorado Irrigation District	Organizational Unit: Department: Engineering
Organizational DUNS: 04-894-6420	Division: Water
Address: Street: 2890 Mosquito Road	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Brian
City: Placerville	Middle Name
County: El Dorado	Last Name: Mueller
State: CA / Zip Code: 95667	Suffix:
Country: United States of America	Email: bmueller@eid.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 3 6 4 8 0	Phone Number (give area code): 530-642-4029 / Fax Number (give area code): 530-642-4329

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

G. Special District

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0

TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Sly Park Intertie Lining - Rehabilitate approximately 3.4 miles of 22-inch steel pipeline between the Reservoir 1 water treatment plant and the Sly Park Hills tank.

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

Pollock Pines, El Dorado County, CA

13. PROPOSED PROJECT

Start Date:	Ending Date:
Jun 2012	Oct 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
CA-004	CA-004

15. ESTIMATED FUNDING:

a. Federal	$ 1,850,000 .00
b. Applicant	$ 1,850,000 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 3,700,000 .00

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

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

DATE: 4/19/12

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix: Mr.	First Name: Jim	Middle Name
Last Name: Abercrombie		Suffix
b. Title: General Manager		c. Telephone Number (give area code): 530-642-4041
d. Signature of Authorized Representative		e. Date Signed: 4/18/12

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 04/18/2012	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☑ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: El Dorado Irrigation District	**Organizational Unit:** Department: Engineering
Organizational DUNS: 04-894-6420	Division: Water
Address: Street: 2890 Mosquito Road	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Brian
City: Placerville	Middle Name
County: El Dorado	Last Name Mueller
State: CA Zip Code 95667	Suffix:
Country: United States of America	Email: bmueller@eid.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6036480	Phone Number (give area code) 530-642-4029 Fax Number (give area code) 530-642-4329

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8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

G. Special District

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Yates Lift Station - replace corroded steel wet well with a history of spills. The new wet well will allow for future capacity increases and will also increase operational efficiency and reliability

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

Placerville, El Dorado County, CA

13. PROPOSED PROJECT

Start Date:	Ending Date:
Jun 2012	Dec 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
CA-004	CA-004

15. ESTIMATED FUNDING:

a. Federal	$ 175,000
b. Applicant	$ 175,000
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 350,000

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

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

DATE: 4/19/12

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix Mr.	First Name Jim	Middle Name
Last Name Abercrombie		Suffix
b. Title General Manager		c. Telephone Number (give area code) 530-642-4041
d. Signature of Authorized Representative		e. Date Signed 4/18/12

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 04/18/2012	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Pre-application: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: El Dorado Irrigation District

Organizational DUNS: 04-894-6420

Address:
Street: 2890 Mosquito Road
City: Placerville
County: El Dorado
State: CA
Zip Code: 95667
Country: United States of America

Organizational Unit:
Department: Engineering
Division: Water

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Brian
Middle Name:
Last Name: Mueller
Suffix:
Email: bmueller@eid.org
Phone Number (give area code): 530-642-4029
Fax Number (give area code): 530-642-4329

RECEIVED
APR 19 2012
STATE CLEARINGHOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6036480

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

G. Special District

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Motherlode Sewer Forcemain Replacement. See attached sheet

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Diamond Springs/El Dorado, El Dorado County, CA

13. PROPOSED PROJECT
Start Date: Apr 2011
Ending Date: Nov 2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-004
b. Project: CA-004

15. ESTIMATED FUNDING:

a. Federal	$ 600,000.00
b. Applicant	$ 600,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,200,000.00

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

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/19/12

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative
Prefix: Mr.
First Name: Jim
Middle Name:
Last Name: Abercrombie
Suffix:
b. Title: General Manager
c. Telephone Number (give area code): 530-642-4041
d. Signature of Authorized Representative:
e. Date Signed: 4/18/12

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction	Pre-application ☐ Construction ☑ Non-Construction	2. DATE SUBMITTED 04/18/2012	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: El Dorado Irrigation District	Organizational Unit: Department: Engineering
Organizational DUNS: 04-894-6420	Division: Water
Address: Street: 2890 Mosquito Road	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Brian
City: Placerville	Middle Name
County: El Dorado	Last Name Mueller
State: CA Zip Code 95667	Suffix:
Country: United States of America	Email: bmueller@eid.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 3 6 4 8 0	Phone Number (give area code) 530-642-4029 Fax Number (give area code) 530-642-4329

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0 TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Main Ditch Piping - Construct approximately 3-mile pipeline to convey water from Forebay Reservoir to Reservoir 1 Water Treatment Plant. This pipeline would replace the open earthen ditch that currently conveys water in this area. See attached sheet
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Pollock Pines and Camino, El Dorado County, CA	
13. PROPOSED PROJECT Start Date: Jun 2012 Ending Date: Dec 2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-004 b. Project CA-004

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 500,000 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/19/12
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 500,000 .00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative Prefix Mr.	First Name Jim	Middle Name
Last Name Abercrombie		Suffix
b. Title General Manager		c. Telephone Number (give area code) 530-642-4041
d. Signature of Authorized Representative		e. Date Signed 4/18/12

Previous Edition Usable
Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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: State of California

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

* c. Organizational DUNS: 808322358

d. Address:

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

e. Organizational Unit:

Department Name: Fish and Game

Division Name: Grants Management

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

Prefix: Mr.
* First Name: Jason
Middle Name:
* Last Name: Williams
Suffix:

Title: Grant Administrator

Organizational Affiliation:

* Telephone Number: (916) 327-0062
Fax Number:

* Email: jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F12AS00019

* 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.):

Napa, Sonoma, Solano and Yolo Counties

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

Wildlife Habitat Development & Maintenance - Region 3

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: 3
* b. Program/Project: 1,6,10

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012
* b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	1,331,878.00
* b. Applicant	0.00
* c. State	443,959.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	23,367.00
* g. TOTAL	1,799,204.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/19/2012.
- [ ] 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
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mrs.
* First Name: Lisa
Middle Name:
* Last Name: Bays
Suffix:

* Title: Staff Services Manager I

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

* Email: lbays@dfg.ca.gov

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] 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:

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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: 808322358

d. Address:

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

e. Organizational Unit:

Department Name: Fish and Game

Division Name: Grants Management Branch

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

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

Title: Grant Administrator

Organizational Affiliation:

* Telephone Number: (916) 327-0062

Fax Number:

* Email: jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F12AS00019

* Title:

R6 (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.):

Imperial and Riverside Counties

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

Wildlife Habitat Development & Maintenance - Region 6 (W-76-D)

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: 3
* b. Program/Project: 45,51

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012
* b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	968,333.00
* b. Applicant	0.00
* c. State	322,778.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	56,921.00
* g. TOTAL	1,348,032.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/19/2012.
- [ ] 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
- [x] No

Explanation

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

- [x] ** 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: Staff Services Manager I

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

* Email: lbays@dfg.ca.gov

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

* 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: State of California

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

* c. Organizational DUNS: 808322358

d. Address:

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

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: Jason
Middle Name:
* Last Name: Williams
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: (916) 327-0062
Fax Number:

* Email: jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F12AS00019

* 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.):

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

Wildlife Habitat Inventories & Research - Biological Resource Assessment & Land Management Planning (W-72-R)

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: 3
* b. Program/Project: all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012
* b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	315,121.00
* b. Applicant	0.00
* c. State	105,040.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	420,161.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/20/2012.
- [ ] 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
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: SSMI

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

* Email: lbays@dfg.ca.gov

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

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	R9 Tracking#:12-048

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 Diego County Air Pollution Control District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
33-0488415	623879223

d. Address:

* Street1: 10124 Old Grove Road
Street2:
* City: San Diego
County: San Diego
* State: CA
Province:
* Country: United States of America
* Zip / Postal Code: 92131

e. Organizational Unit:

Department Name:	Division Name:
Air Pollution Control District	Monitoring

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

Prefix: Mr. * First Name: Mahmood
Middle Name:
* Last Name: Hossain
Suffix:

Title: Chief, Air Pollution Control

Organizational Affiliation:

* Telephone Number: (858)586-2760 Fax Number: (858)586-2601

* Email: mahmood.hossain@sdcounty.ca.gov

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

B

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-034

CFDA Title:

Section 103 NO2 Near-Road ambient air monitoring grant.

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

County of San Diego

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

San Diego County Air Pollution Control District Program to identify and establish a near-road Nitrogen Dioxide (NO2) monitoring site in San Diego-Carlsbad-San Marcos.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-52
* b. Program/Project: 50,52,53

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	$200,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$200,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 4/23/2011
- [ ] 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
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: Air Pollution Control Officer

* Telephone Number: (858)586-2600
Fax Number: (858)586-2601

* Email: robert.kard@sdcounty.ca.gov

* Signature of Authorized Representative: Robert J. Kard
* Date Signed: 4/20/12

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 04/20/2012

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: G1298023

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

* c. Organizational DUNS: 808322358

d. Address:

* Street1: 1931 9th Street
Street2:
* City: Sacramento
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811

e. Organizational Unit:

Department Name: Fish and Game

Division Name: Grants Management Branch

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

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

Title: Grant Administrator

Organizational Affiliation:

* Telephone Number: (916) 327-0062

Fax Number:

* Email: jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F12AS00019

* Title:

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

13. Competition Identification Number:

Title:

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

Statewide

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

Wildlife Habitat Inventories & Research - Comprehensive Wetland Habitat

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: 3
* b. Program/Project: all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012
* b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	108,796.00
* b. Applicant	0.00
* c. State	36,265.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	145,061.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/20/2012.
- [ ] 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
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: SSMI

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

* Email: lbays@dfg.ca.gov

* Signature of Authorized Representative: Lisa Bays
* Date Signed: 04/20/2012

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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: Micromidas, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-4002384

* c. Organizational DUNS: 829700645

d. Address:

* Street1: 930 Riverside Parkway
Street2: Suite 10
* City: West Sacramento
County: Yolo
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95605

e. Organizational Unit:

Department Name: Chemistry

Division Name:

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

Prefix: Mr.
* First Name: John
Middle Name:
* Last Name: Bissell
Suffix:

Title: Chief Executive Officer

Organizational Affiliation:

* Telephone Number: 530-219-9103
Fax Number: 916-231-9331

* Email: jbissell@micromidas.com

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

R: 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-0000657

* Title:

Biomass Research and Development Initiative (BRDI)

13. Competition Identification Number:

Title:

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

West Sacramento, Yolo, CA; Riverbank, Stanislaus, CA; Midland, Midland, MI; East Lansing, Ingham, MI; Davis, Yolo, CA; Pullman, Whitman, WA; Moscow, Latah, ID; Corona, Riverside, CA; Sioux Falls, Minnehaha, SD; Wilson, Wilson, NC

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

Pilot Plant Demonstration of Holocellulosic Waste-to-Paraxylene and Toluene

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-001
* b. Program/Project: CA-019

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

Additional Congressional Dis | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2013
* b. End Date: 12/31/2015

18. Estimated Funding ($):

* a. Federal	5,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	9,500,000.00
* f. Program Income	500,000.00
* g. TOTAL	15,000,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/21/2012.
- [ ] 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
- [x] No

Explanation

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

- [x] ** 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: John
Middle Name:
* Last Name: Bissell
Suffix:

* Title: Chief Executive Officer

* Telephone Number: 916-231-9329 Fax Number: 916-231-9331

* Email: jbissell@micromidas.com

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

OMB Number: 4040-0002
Expiration Date: 8/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**

- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**

- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**

- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:** 04/18/2012

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

Yes [ ] No [x] Explanation

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7. APPLICANT INFORMATION:

*** a. Legal Name:** Los Angeles County Metropolitan Transportation Authority

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-4401975

*** c. Organizational DUNS:** 044055523

d. Address:

* Street1: One Gateway Plaza

Street2:

* City: Los Angeles

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90012

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Ashad

Middle Name:

* Last Name: Hamideh

Suffix: PhD

Title: Transportation Planning Manager

Organizational Affiliation:

* Telephone Number: 213-922-4299

Fax Number:

* Email: hamideha@metro.net

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

* Other (specify):

b. Additional Description:

Transportation Planning Agency/Transit Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.522

CFDA Title:

Alternatives Analysis

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:	b. Program/Project:
CA-031	CA-027

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date:	b. End Date:
07/31/2012	10/31/2013

14. ESTIMATED FUNDING:

* a. Federal ($):	b. Match ($):
2,000,000.00	500,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 04/18/2012
- [ ] b. Program is subject to E.O. 12372 but has not been selected by State for review.
- [ ] c. Program is not covered by E.O. 12372.

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes ☐ No ☒ Explanation

17. 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 ☒

** This 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:
	Ashad

Middle Name:

* Last Name: Hamideh

Suffix:	* Title:
PhD	Transportation Planning Manager

Organizational Affiliation:

* Telephone Number: 213-922-4299

* Fax Number: 213-922-2476

* Email: hamideha@metro.net

* Signature of Authorized Representative: Ashad Hamideh

* Date Signed: 04/18/2012

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [ ] New
- [x] 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: EMW-2011-UA-00017

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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8. APPLICANT INFORMATION:

* a. Legal Name: California Emergency Management Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680279801

* 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: Kris
Middle Name:
* Last Name: Whitty
Suffix:

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: (916) 845-8251
Fax Number:

* Email: Kris.Whitty@calema.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:

97.008

CFDA Title:

Non-Profit Security Program

*** 12. Funding Opportunity Number:**

DHS-12-GPD-008-000-01

* Title:

Fiscal Year (FY) 2012 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

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 - FY 2012 Nonprofit Security Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-003
b. Program/Project: CA-031

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/30/2012
* b. End Date: 09/30/2014

18. Estimated Funding ($):

* a. Federal	6,481,356.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	6,481,356.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/23/2012.

[ ] 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 [X] 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)**

[X] ** 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: Mark
Middle Name: S.
* Last Name: Ghilarducci
Suffix:

* Title: Secretary

* Telephone Number: (516) 845-8506
Fax Number:

* Email: Mark.Ghilarducci@calema.ca.gov

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED April 20, 2012	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Oroville

Organizational DUNS: 086123437

Address:
Street: 1735 Montgomery Street
City: Oroville
County: Butte
State: California
Zip Code: 95965
Country: USA

Organizational Unit:
Department: Public Works
Division: Airports

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Kent
Middle Name
Last Name: Westover
Suffix:
Email: westoverkr@cityoforoville.org
Phone Number (give area code): (530) 538-2498
Fax Number (give area code): 530-538-2426

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000387

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
C. Municipal
Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106
TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Oroville Municipal Airport, Oroville, Butte County, California
Airport Layout Plan Update

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
City of Oroville, Butte County, California

13. PROPOSED PROJECT
Start Date: 2012
Ending Date: 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 1st
b. Project: 1st

15. ESTIMATED FUNDING:

a. Federal	$ 54,000.00
b. Applicant	$ 4,650.00
c. State	$ 1,350.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 60,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: April 25, 2012
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative
Prefix: Mr.
First Name: Richard
Middle Name: H.
Last Name: Walls
Suffix
b. Title: Airport Manager
c. Telephone Number (give area code): (530) 538-2507
d. Signature of Authorized Representative: RWalls
e. Date Signed: 4/24/2012

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

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

*2. Type of Application
- [x] New
- [ ] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: COTTONWOOD FIRE PROTECTION DISTRICT

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2349292

*c. Organizational DUNS: 141239355

d. Address:

*Street1: 3271 BRUSH STREET
Street 2: PO BOX 618
*City: COTTONWOOD
County: SHASTA
*State: CALIFORNIA
Province:
Country: USA
*Zip/ Postal Code:

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STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: COTTONWOOD FIRE DEPARTMENT

Division Name:

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

Prefix:
First Name: RODNEY
Middle Name: GRAEME
*Last Name: CHADBOURN
Suffix:

Title: COTTONWOOD FIRE DEPARTMENT ADMINISTRATOR

Organizational Affiliation:
COTTONWOOD FIRE PROTECTION DISTRICT
COTTONWOOD FIRE DEPARTMENT

*Telephone Number: 530-347-4737
Fax Number: 530-347-4771

*Email: cfpd23@sbcglobal.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One - C

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

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

*Other (specify):

*10. Name of Federal Agency: USDA RURAL DEVELOPMENT

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.):
COTTONWOOD COMMUNITY, SHASTA COUNTY

*15. Descriptive Title of Applicant's Project:
NEW FIRE DEPARTMENT TO REPLACE EXISTING DEPARTMENT BUILT PRIOR TO 1930.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA - 002 *b. Program/Project: CA - 002

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

17. Proposed Project:

*a. Start Date: 2013 *b. End Date: 2014

18. Estimated Funding ($):

*a. Federal 770,002
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income 250,000
*g. TOTAL 1,020,002 $0.00

***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: ARTHUR

Middle Name: WILLIAM

*Last Name: PARHAM

Suffix:

*Title: CHAIRMAN COTTONWOOD FIRE PROTECTION DISTRICT

*Telephone Number: 530-347-4737 Fax Number: 530-347-4771

*Email: cfpd23@sbcglobal.net

*Signature of Authorized Representative: Date Signed: 4/22/12

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED April 24, 2012	Applicant Identifier Dept. of Food and Agriculture	
3. DATE RECEIVED BY STATE March 6, 2012	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-1050-CA	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational DUNS: 807487665

Address:

Street: 1220 N Street, Room 315

City: Sacramento

County: Sacramento

State: California

Zip Code: 95814

Country: United States

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Organizational Unit:

Department: Food and Agriculture

Division: Plant Health and Pest Prevention Services

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

Prefix:

First Name: Jason

Middle Name: K

Last Name: Chan

Suffix:

Email: jason.chan@cdfa.ca.gov

Phone Number (give area code): (916) 654-1211

Fax Number (give area code): (916) 654-0555

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

A - State

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025

TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Statewide Survey for Citrus Pests

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

13. PROPOSED PROJECT

Start Date: January 1, 2012

Ending Date: December 31, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 42

b. Project: Statewide Survey for Citrus Pests

15. ESTIMATED FUNDING:

a. Federal	$ 405,244.00
b. Applicant	$ .00
c. State	$ 426,504.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 831,748.00

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

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

DATE: April 24, 2012

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix	First Name: Kathy	Middle Name
Last Name: Alameda		Suffix
b. Title: Manager, Federal Funds Management Office		c. Telephone Number (give area code): (916) 403-6525
d. Signature of Authorized Representative		e. Date Signed

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED April 24, 2012	Applicant Identifier Dept. of Food and Agriculture	
3. DATE RECEIVED BY STATE March 21, 2012	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-0689-CA	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational DUNS: 807487665

Address:
Street: 1220 N Street, Room 315
City: Sacramento
County: Sacramento
State: California
Zip Code: 95814
Country: United States

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Organizational Unit:
Department: Food and Agriculture
Division: Plant Health and Pest Prevention Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Jason
Middle Name: K
Last Name: Chan
Suffix:
Email: jason.chan@cdfa.ca.gov
Phone Number (give area code): (916) 654-1211
Fax Number (give area code): (916) 654-0555

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104

7. TYPE OF APPLICANT: (See back of form for Application Types)
A - State
Other (specify)

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

9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025
TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Asian Defoliating Moth Survey

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

13. PROPOSED PROJECT
Start Date: January 1, 2012
Ending Date: December 31, 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: District 46
b. Project: Asian Defoliating Moth Survey

15. ESTIMATED FUNDING:

a. Federal	$ 154,098.00
b. Applicant	$ .00
c. State	$ 119,337.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 273,435.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: April 24, 2012
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative
Prefix
First Name: Kathy
Middle Name
Last Name: Alameda
Suffix
b. Title: Manager, Federal Funds Management Office
c. Telephone Number (give area code): (916) 403-6525
d. Signature of Authorized Representative
e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED April 24, 2012		Applicant Identifier Dept. of Food and Agriculture
3. DATE RECEIVED BY STATE March 21, 2012		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 12-8506-0651-CA

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California	**Organizational Unit:** Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: Jason
City: Sacramento	Middle Name K
County: Sacramento	Last Name Chan
State: California / Zip Code 95814	Suffix:
Country: United States	Email: jason.chan@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code) (916) 654-1211 / Fax Number (give area code) (916) 654-0555

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8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

A - State

Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-025

TITLE (Name of Program):
Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Infrastructure Project and State Survey Coordinator

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

State of California

13. PROPOSED PROJECT

Start Date: January 1, 2012 / Ending Date: December 31, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 5 / b. Project: Infrastructure Project and State S

15. ESTIMATED FUNDING:

a. Federal	$ 150,000.00
b. Applicant	$ .00
c. State	$ 90,112.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 240,112.00

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

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

DATE: April 24, 2012

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix	First Name Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Manager, Federal Funds Management Office		c. Telephone Number (give area code) (916) 403-6525
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED April 24, 2012		Applicant Identifier Dept. of Food and Agriculture
3. DATE RECEIVED BY STATE April 9, 2012		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 12-8506-0746-CA

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

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5. APPLICANT INFORMATION

Legal Name: State of California	**Organizational Unit:** Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: First Name: Jason
City: Sacramento	Middle Name K
County: Sacramento	Last Name Chan
State: California / Zip Code 95814	Suffix:
Country: United States	Email: jason.chan@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code) (916) 654-1211 / Fax Number (give area code) (916) 654-0555

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

A - State

Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-025

TITLE (Name of Program):
Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Biological Control/Cereal Leaf Beetle

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

13. PROPOSED PROJECT

Start Date: January 1, 2012
Ending Date: December 31, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 2
b. Project: Biological Control/Cereal Leaf B

15. ESTIMATED FUNDING:

a. Federal	$ 40,000.00
b. Applicant	$ .00
c. State	$ 106,418.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 146,418.00

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

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

DATE: April 24, 2012

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix	First Name Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Manager, Federal Funds Management Office		c. Telephone Number (give area code) (916) 403-6525
d. Signature of Authorized Representative		e. Date Signed

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

*3. Date Received: 4. Application Identifier:

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STATE CLEARING HOUSE

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 Biggs

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000300

*c. Organizational DUNS: 082101346

d. Address:

*Street1: 465 C Street
Street 2: PO Box 307
*City: Biggs
County: Butte
*State: California
Province:
Country: *Zip/ Postal Code: 95917

e. Organizational Unit:

Department Name: Public Works

Division Name: Engineering

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

Prefix: Mr. First Name: Steven
Middle Name:
*Last Name: Speights
Suffix:

Title: City Engineer

Organizational Affiliation:
Bennett Engineering Services
1082 Sunrise Ave, Suite 100
Roseville Ca. 95661

*Telephone Number: 916-783-4100 Fax Number: 916-783-4110

*Email: sspeights@ben-en.com

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-760

CFDA Title:

Water and Waste Disposal Grant and Loan Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

City of Biggs, California

*15. Descriptive Title of Applicant's Project:

Wastewater Treatment Plant Rehabilitation Project

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 2 *b. Program/Project: 2

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

17. Proposed Project:

*a. Start Date: 6/1/10 *b. End Date: 12/31/2014

18. Estimated Funding ($):

*a. Federal	$1,000,000.00
*b. Applicant	$327,000.00
*c. State	$1,795,000.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$3,122,000.00

***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: Mr. *First Name: Peter

Middle Name: R.

*Last Name: Carr

Suffix:

*Title: City Administrator

*Telephone Number: 530-868-0100 Fax Number:

*Email: biggs1@biggs-ca.gov

*Signature of Authorized Representative: Date Signed:

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

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify):
[ ] Changed/Corrected Application	[ ] Revision	

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

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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: GEM Fuels, LLC

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

d. Address:

* Street1: 11 Paynter Drive
Street2:
* City: Toronto
County/Parish:
* State:
Province: Ontario
* Country: CAN: CANADA
* Zip / Postal Code: M2H 2G4

e. Organizational Unit:

Department Name:	Division Name:
Process Design	Polymers Division

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

Prefix: Mr. * First Name: Gerry
Middle Name:
* Last Name: Shessel
Suffix:

Title: Senior Process Designer

Organizational Affiliation:

* Telephone Number: 416-540-1970 Fax Number:

* Email: gerry-shessel@rogers.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 Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-12-GPD-067-000-02

* Title:

Fiscal Year (FY) 2012 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:**

California Scrap Tire Disposal 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: MI 15
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: 10/01/2012
* b. End Date: 09/30/2014

18. Estimated Funding ($):

* a. Federal	475,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	475,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/24/2012.
- [ ] 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
- [x] 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)**

- [x] ** 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: Gerry
Middle Name:
* Last Name: Shessel
Suffix:

* Title: Senior Process Designer

* Telephone Number: 416-540-1970
Fax Number:

* Email: gerry-shessel@rogers.com

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 04/13/2012	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:
Application: ☐ Construction ☑ Non-Construction
Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Fresno Community Development Financial Institution
Organizational Unit: Department:
Organizational DUNS: 808096081
Division:
Address:
Street: 1920 Mariposa Mall, Suite 330
City: Fresno
County: Fresno
State: CA
Zip Code: 93721
Country: USA
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Blong
Middle Name:
Last Name: Lee
Suffix:
Email: blong.lee@fresnoecc.org

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 26-1177788
Phone Number (give area code): 559-263-1036
Fax Number (give area code): 559-263-1094

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
C-Not for Profit Organization
Other (specify)

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-789
TITLE (Name of Program): Rural Microenterprise Development Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Project seeks to provide training, technical assistance and micro-financing for rural entrepreneurs in eligible small cities and towns located in Fresno and Tulare Counties.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Fresno & Tulare Counties

13. PROPOSED PROJECT
Start Date: 10/01/2012
Ending Date: 09/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 19th & 20th
b. Project: 19th, 20th & 21st

15. ESTIMATED FUNDING:

a. Federal	$ 149,547
b. Applicant	$ 563,598
c. State	$ 0
d. Local	$ 0
e. Other	$ 0
f. Program Income	$ 0
g. TOTAL	$ 713,145

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 04/13/2012
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative
Prefix: Mr. First Name: Salam Middle Name:
Last Name: Naifa Suffix:
b. Title: Chief Executive Officer
c. Telephone Number (give area code): 559-263-1030
d. Signature of Authorized Representative
e. Date Signed: 04/13/2012

Previous Edition Usable
Authorized for Local Reproduction

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

Form 424 OMB Approval No. 0348-0043

Application for Federal Assistance

2. Date Submitted: **29-Mar-12**

3. Applicant Identifier:

1. Type of Submission Application

Application: [ ] Construction [x] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

3. Date received State:

State Application Identifier:

4. Date received by Federal Agency:

Federal Identifier:

5. Applicant Information

6. Legal Name: **Peninsula Corridor Joint Powers Board**

Address *(give city, county, state, and zip)*
1250 San Carlos Avenue
San Carlos, San Mateo County, CA 94070

Name and telephone of contact person *(give area code)*
Joel Slavit, (650) 508-6476

6. Employer Identification Number (EIN): 9 4 3152903

7. Type of Applicant *(enter appropriate letter in box)* G

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermural
G. Special District
H. Independent School Dst.
I. State Controlled Institution of higher learning.
J. Private University
K. Indian Tribe
L. Profit Insitution
M. Other: MPO

8. Type of Application

[x] new [ ] continuation [ ] Revision

If revision, enter appropriate letter(s) in boxes: [ ] [ ]

A. Increased Award B. Decreased Award
C. Increase Duration D. Decrease Duration
Other *(specify)*:

10. Catalog of federal domestic assistance number: **20.514**
Public Transportation Research

9. Name of federal Agency: **Federal Transit Administration**

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11. Descriptive title of applicant project:
CA-26-0056-00
Expansion and enhancement of the existing functionality and capabilities of the Caltrain Transit Asset Management System

12. Areas affected by project:
San Francisco, San Mateo and Santa Clara Counties

13. Proposed Project
Start Date: **7/29/2011**
End Date: **5/3/2013**

15. Estimated Funding

a. Federal	**$750,000**
b. Applicant	
c. State	
d. Local	**$0**
f. Program Income	
e. Other	
g. TOTAL	**$750,000**

14. Congressional Districts of:

a. Applicant: **8, 12, 13, 14, 15 & 16**

B. Project: **8, 12, 13, 14, 15 & 16**

16. Is application subject to review by state executive 12372 process? **Yes**

a. Yes this preapplication/application was made available to the state executive order 12372 process review on
Date: **5-May-12**

b. No [ ] Program is not covered by E.). 12372
or [ ] or program has notbeen selected by state for review

17. Is the applicant delinquent on any federal debt?
[ ] Yes.(attach an explanation)
[x] 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 assistance is awarded.

a. Typed Name of Authorized Representative: **Joel Slavit**

b. Title: **Mgr, Grants & Fund Programming**

c. Telephone Number: **(650) 508-6476**

d. Signature of Authorized representative: Joel Slavit

e. Date Signed: 4-24-12

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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STATE CLEARING HOUSE

* 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: Morongo Band of Mission Indians

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2754308

* c. Organizational DUNS: 0919262200000

d. Address:

* Street1: 12700 Pumarra Road
Street2: /
* City: Banning
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92220-6977

e. Organizational Unit:

Department Name: Office of Emergency Management

Division Name:

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

Prefix: Dr.
* First Name: David
Middle Name:
* Last Name: Munro
Suffix:

Title: Director, Office of Emergency Management

Organizational Affiliation:

* Telephone Number: 951-755-5309
Fax Number: 951-572-6141

* Email: dmunro@morongo-nsn.gov

Application for Federal Assistance SF-424

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

I: Indian/Native American Tribal Government (Federally Recognized)

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-12-GPD-067-000-01

* Title:

Fiscal Year 2012 Tribal Homeland Security Grant Program (THSGP)

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:**

Morongo NIMS Compliance and EOC 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: CA-041
b. Program/Project: CA-041

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/30/2012
* b. End Date: 09/29/2015

18. Estimated Funding ($):

* a. Federal	285,820.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	285,820.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/26/2012.

[ ] 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 [X] 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)**

[X] ** 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: David
Middle Name:
* Last Name: Munro
Suffix:

* Title: Director, Office of Emergency Management

* Telephone Number: 951-755-5309
Fax Number: 951-572-6141

* Email: dmunro@morongo-nsn.gov

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

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

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application	* If Revision, select appropriate letter(s):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify):
[ ] Changed/Corrected Application	[ ] Revision	

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* 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: PDR Foundation, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
20-5782680	73553558

d. Address:

* Street1:	1515 Divisadero Street, Ste. 109
Street2:	
* City:	Fresno
County/Parish:	Fresno
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	93727

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: Macy

Middle Name:

* Last Name: Yang

Suffix:

Title: Interim Director

Organizational Affiliation:

* Telephone Number: 651.239.4068 | Fax Number: 651.649.4420

* Email: myang03@live.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Nonprofit Organization

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:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

USDA-Rural Development, Rural Business Enterprise Grants

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

A Study on Accessing Housing & Farmland Ownership in Rural Communities in Fresno County.

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	$30,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$30,000.00

*** 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
- [x] 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)**

- [x] ** 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: Macy

Middle Name:

* Last Name: Yang

Suffix:

* Title: Interim Director

* Telephone Number: 651.239.4068
Fax Number: 651.649.4420

* Email: myang03@live.com

* Signature of Authorized Representative:
* Date Signed: 4-11-12

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

Application for Federal Assistance SF-424

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* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] 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: W-84-E

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

* c. Organizational DUNS: 808322358

d. Address:

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

e. Organizational Unit:

Department Name: Fish and Game

Division Name: Grants Management Branch

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

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

Title: Grant Administrator

Organizational Affiliation:

* Telephone Number: (916) 327-0062

Fax Number:

* Email: jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F12AS00019

* Title:

R6 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

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

California Hunter Education Program - Archery in the Schools (W-84-E)

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: 3 * b. Program/Project: all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012 * b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	131,782.00
* b. Applicant	0.00
* c. State	43,927.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	175,709.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/24/2012.

[ ] 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 [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Lisa

Middle Name:

* Last Name: Bays

Suffix:

* Title: SSMI

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

* Email: lbays@dfg.ca.gov

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 808322358

d. Address:

* Street1: 1831 NINTH STREET
Street2:
* City: SACRAMENTO
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811

e. Organizational Unit:

Department Name: DEPARTMENT OF FISH AND GAME

Division Name: GRANTS MANAGEMENT BRANCH

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

Prefix: Mr.
* First Name: JASON
Middle Name:
* Last Name: WILLIAMS
Suffix:

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-327-0062
Fax Number: 916-327-6320

* Email: jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424 Version 02

8. 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:**

F12AS00019

* 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.):

BUTTE, GLENN, NEVADA AND YUBA COUNTIES

*** 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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 3
* b. Program/Project: 2, 4

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012
* b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	1,968,587.00
* b. Applicant	0.00
* c. State	656,196.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	254,659.00
* g. TOTAL	2,879,442.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/24/2012.
- [ ] 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
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mrs. * First Name: LISA

Middle Name:

* Last Name: BAYS

Suffix:

* Title: STAFF SERVICES MANAGER I

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

* Email: lbays@dfg.ca.gov

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

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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)

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*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
Region 9 Tracking Number 12-148

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Bay Area Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1622746

*c. Organizational DUNS: 078781416

d. Address:

*Street1: 939 Ellis Street
Street 2:
*City: San Francisco
County:
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 94109

e. Organizational Unit:

Department Name: Air Monitoring

Division Name: Technical Services

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

Prefix: Mr.
First Name: Eric
Middle Name: David
*Last Name: Stevenson
Suffix:

Title: Director of Technical Services

Organizational Affiliation:

*Telephone Number: 415-749-4695
Fax Number: 415-749-5082

*Email: estevenson@baaqmd.gov

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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: - Select One -

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

*Other (specify):

*10. Name of Federal Agency:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
66.034

CFDA Title:

*12. Funding Opportunity Number: XA-00T63001

*Title: National Ambient Toxic Trends Stations

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
The 9 Bay Area counties - Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara and parts of Solano and Sonoma

*15. Descriptive Title of Applicant's Project:
Measurement of toxic air contaminants to determine national and local ambient trends.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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.

See Attached

17. Proposed Project:

*a. Start Date: 07/01/2012 *b. End Date: 06/30/2013

18. Estimated Funding ($):

*a. Federal	$155,000.00	*d. Local	
*b. Applicant		*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	$155,000.00

***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: Mr. *First Name: Jack

Middle Name:

*Last Name: Colbourn

Suffix:

*Title: Director of Administrative Services

*Telephone Number: 415-749-5192 Fax Number: 415-749-5111

*Email: jcolbourn@baaqmd.gov

*Signature of Authorized Representative: Date Signed: 4/26/2012

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED May 7, 2012	Applicant Identifier	
3. DATE RECEIVED BY STATE April 30, 2012	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☑ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: COUNTY OF MADERA

Organizational DUNS: 0049939377

Address:
Street: 200 WEST 4TH ST.
City: MADERA
County: MADERA
State: CA
Zip Code: 93637
Country: USA

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Organizational Unit:
Department: COUNTY ADMINISTRATIVE OFFICE
Division: GENERAL SERVICES

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: MR. First Name: KEVIN
Middle Name:
Last Name: FRIES
Suffix:
Email: kevin.fries@co.madera.ca.us
Phone Number (give area code): (559) 675-7703
Fax Number (give area code): (559) 675-7950

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000518

7. TYPE OF APPLICANT: (See back of form for Application Types)
(B) COUNTY
Other (specify)

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

9. NAME OF FEDERAL AGENCY: U.S. DEPT. OF AGRICULTURE - RURAL DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
GOUND MOUNTED SOLAR ENERGY EFFICIENCY PROJECT AT MADERA COUNTY CORRECTIONAL FACILITY

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

13. PROPOSED PROJECT
Start Date: AUG. 2012
Ending Date: AUG. 2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 19TH - DENHAM
b. Project: 19TH - DENHAM

15. ESTIMATED FUNDING:

a. Federal	$ 10,150,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 10,150,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: APRIL 30, 2012
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative
Prefix: MR. First Name: ERIC Middle Name:
Last Name: FLEMING Suffix:
b. Title: COUNTY ADMINISTRATIVE OFFICER
c. Telephone Number (give area code): (559) 675-7703
d. Signature of Authorized Representative:
e. Date Signed: 4/30/12

Previous Edition Usable
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED 04/13/2012	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☑ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: Fresno Community Development Financial Institution	Organizational Unit:
	Department:
Organizational DUNS: 808086081	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 1920 Mariposa Mall Suite 330	Prefix: / First Name: Blong
City: Fresno	Middle Name
County: Fresno	Last Name Lee
State: CA / Zip Code 93721	Suffix:
Country: USA	Email: blong.lee@fresnoeoc.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 26-1177785	Phone Number (give area code) 559-263-1096 / Fax Number (give area code) 559-263-1094
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) O-Not for Profit Organization Other (specify)
	9. NAME OF FEDERAL AGENCY:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE (Name of Program): Rural Microenterprise Development Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project seeks to provide training, technical assistance and micro-financing for rural entrepreneurs in eligible small cities and towns located in Fresno and Tulare Counties.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno & Tulare Counties	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 10/01/2012 / Ending Date: 09/30/2013	a. Applicant 19th & 20th / b. Project 19th, 20th & 21st
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal $ 149,547.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/13/2012
b. Applicant $ 563,598.00	
c. State $ 0.00	
d. Local $ 0.00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other $ 0.00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income $ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL $ 713,145.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix Mr.	First Name Salam	Middle Name
Last Name Nalia		Suffix
b. Title Chief Executive Officer		c. Telephone Number (give area code) 559-263-1030
d. Signature of Authorized Representative		e. Date Signed 04/13/2012

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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.

Date Submitted 5/14/12	Applicant Identifier	**Type of Submission**	
	State Identifier	**Application**	**Pre-application**
Date Received by HUD 5/15/12	Federal Identifier	☐ Construction	☐ Construction
		☒ Non Construction	☐ Non Construction
Applicant Information			
City of Cathedral City		UOG Code	
68-700 Avenida Lalo Guerrero		61-4150373	
		Organizational Unit	
Cathedral City	California	Community Development Department	
92234	Country U.S.A.		
Employer Identification Number (EIN):		Riverside County	
95-3674780		07/01/2012 to 06/30/2017	
Applicant Type:		**Specify Other Type if necessary:**	
Local Government: City		Specify Other Type	
Program Funding		**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			
Community Development Block Grant		14.218 Entitlement Grant Consolidated Plan & Annual Action Plan	
CDBG Project Titles		Description of Areas Affected by CDBG Project(s) Target Areas; low-mod income	
$491,949	$Additional HUD Grant(s) Leveraged	Describe	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged	
$Locally Leveraged Funds		$Grantee Funds Leveraged	
$Anticipated Program Income		Other (Describe) Separation and Transfer Agreement with Riverside County: $268,457	
Total Funds Leveraged for CDBG-based Project(s) $760,406			
Home Investment Partnerships Program		14.239 HOME	
N/A		Description of Areas Affected by HOME Project(s)	
$HOME Grant Amount	$Additional HUD Grant(s) Leveraged	Describe	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged	
$Locally Leveraged Funds		$Grantee Funds Leveraged	

$Anticipated Program Income	Other (Describe)
Total Funds Leveraged for HOME-based Project(s)	

Housing Opportunities for People with AIDS	14.241 HOPWA	
N/A	Description of Areas Affected by HOPWA Project(s)	
$HOPWA Grant Amount	$Additional HUD Grant(s) Leveraged	Describe
$Additional Federal Funds Leveraged	$Additional State Funds Leveraged	
$Locally Leveraged Funds	$Grantee Funds Leveraged	
$Anticipated Program Income	Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)		

Emergency Shelter Grants Program	14.231 ESG	
N/A	Description of Areas Affected by ESG Project(s)	
$ESG Grant Amount	$Additional HUD Grant(s) Leveraged	Describe
$Additional Federal Funds Leveraged	$Additional State Funds Leveraged	
$Locally Leveraged Funds	$Grantee Funds Leveraged	
$Anticipated Program Income	Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)		

Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts 45th	Project Districts		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		☒Yes	This application was made available to the state EO 12372 process for review on 04/25/12
		☐ No	Program is not covered by EO 12372
☐ Yes	☒No	☐ N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
G.	Andy	Hall
Community Development Director	760-770-0349	Fax
ahall@cathedralcity.gov	www.cathedralcity.gov	Other Contact
Signature of Authorized Representative		Date Signed 4-25-12

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

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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: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-1697567	808322358

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
Fish and Game	Grants Management Branch

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

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

Title: Grant Administrator

Organizational Affiliation:

* Telephone Number:	Fax Number:
(916) 327-0062	

* Email: jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F12AS00019

* 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.):

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

Wildlife Management & Resource Assessment - Northern Region

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: 3
* b. Program/Project: 1,2,4

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012
* b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	489,658.00
* b. Applicant	0.00
* c. State	163,219.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	652,877.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/20/2012.
- [ ] 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
- [x] No

Explanation

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

- [x] ** 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: SSMI

* Title: SSMI

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

* Email: lbays@dfg.ca.gov

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

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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): A, C

* Other (Specify) A, C

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*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Bay Foundation of Morro Bay

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0215847

*c. Organizational DUNS: 047-662-767

d. Address:

*Street1: 601 Embarcadero, Suite 11
Street 2:
*City: Morro Bay
County: San Luis Obispo
*State: California
Province:
Country: United States of America
*Zip/ Postal Code: 93442

e. Organizational Unit:

Department Name: Morro Bay National Estuary Program

Division Name:

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

Prefix: Ms
First Name: Adrienne
Middle Name: Lynne
*Last Name: Harris
Suffix:

Title: Executive Director, Morro Bay National Estuary Program

Organizational Affiliation:
Bay Foundation of Morro Bay dba Morro Bay National Estuary Program

*Telephone Number: 805-772-3834
Fax Number: 850-772-4162

*Email: aharris@mbnep.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
66-456

CFDA Title:
National Estuary Program

*12. Funding Opportunity Number: NA

*Title:

13. Competition Identification Number: NA

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
City of Morro Bay, Unincorporated areas of San Luis Obispo County in the Morro Bay Watershed.

*15. Descriptive Title of Applicant's Project:
Implementation of the Comprehensive Conservation and Management Plan for the Morro Bay Estuary and Watershed (see MBNEP work plan for programmatic details).

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA-023 *b. Program/Project: CA-022 and CA-023

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

17. Proposed Project:

*a. Start Date: 10/1/12 *b. End Date: 9/30/13

18. Estimated Funding ($):

*a. Federal	$597,333.00
*b. Applicant	$137,407.00
*c. State	$316,677.00
*d. Local	$0.00
*e. Other	$143,249.00
*f. Program Income	$1,194,666.00
*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 4/30/12
☐ 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: Joel

Middle Name:

*Last Name: Neel

Suffix:

*Title: President, Bay Foundation of Morro Bay

*Telephone Number: 805-756-2193 Fax Number: 805-528-3346

*Email: jneel@calpoly.edu

*Signature of Authorized Representative: Date Signed: 4/30/12

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED March 7, 2012	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:
Application: ☑ Construction ☐ Non-Construction
Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Lincoln	Organizational Unit:
	Department: Public Services
Organizational DUNS: 004949160	Division: Lincoln Regional Airport
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code):
Street: 600 6th Street	Prefix: Ms. / First Name: Paula
City: Lincoln	Middle Name
County: Placer	Last Name: Baldwin
State: California / Zip Code: 95648	Suffix:
Country: USA	Email: pbaldwin@ci.lincoln.ca.us
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000356	Phone Number (give area code): (916) 434-2452 / Fax Number (give area code): 916-543-8516

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
C. City
Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106
TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Lincoln Regional Airport, Lincoln, Placer County, California
Flightline Drive Rehabilitation Phase 1 (40' x 1,350' and 24' x 1,500')

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
City of Lincoln, Placer County, California

13. PROPOSED PROJECT
Start Date: 2012 / Ending Date: 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 04 / b. Project 04

15. ESTIMATED FUNDING:

a. Federal	$ 600,000.00
b. Applicant	$ 51,667.00
c. State	$ 15,000.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 666,667.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: March 8, 2012
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix: Mr.	First Name: Mark	Middle Name: A
Last Name: Miller		Suffix
b. Title: Director of Public Services		c. Telephone Number (give area code): (916) 434-2452
d. Signature of Authorized Representative: Mark Miller		e. Date Signed: 4/30/12

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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. Application Identifier: CA-04-0245-00

5a. Federal Entity Identifier: 1685

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Redondo Beach

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000767

*c. Organizational DUNS: 074151986

d. Address:

*Street1: 415 Diamond Street
Street 2:
*City: Redondo Beach
County: Los Angeles County
*State: California
Province:
Country: USA
*Zip/ Postal Code: 90277

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e. Organizational Unit:

Department Name: Recreation & Community Services Department

Division Name: Transit Division

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

Prefix: Ms.
First Name: Joyce
Middle Name:
*Last Name: Rooney
Suffix:

Title: Transit Operations and Transportation Facilities Manager

Organizational Affiliation: Municipal local government

*Telephone Number: (310) 318-0631, ext. 2670
Fax Number: (310) 937-6621

*Email: joyce.rooney@redondo.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit - Formula Grants

*12. Funding Opportunity Number: Federal Section 5309: $800,000 (Earmark E2010-BUSP-033)

*Title: South Bay Regional Intermodal Transit Center

13. Competition Identification Number:

Title:

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

Redondo Beach in Los Angeles County, California

*15. Descriptive Title of Applicant's Project:

Construction of the intermodal transit terminal servicing the western portion of the South Bay subregion of Los Angeles County.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant 36th Congressional District *b. Program/Project: 36th Congressional District

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

17. Proposed Project:

*a. Start Date: 6/30/2012 *b. End Date: 3/31/2014

18. Estimated Funding ($):

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

***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 4/30/2012
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Joyce

Middle Name:

*Last Name: Rooney

Suffix:

*Title: Transit Operations and Transportation Facilities Manager

*Telephone Number: (310) 318-0631, ext. 2670 Fax Number: (310) 937-6621

*Email: joyce.rooney@redondo.org

*Signature of Authorized Representative: Joyce L Rooney Date Signed: 4/30/12