

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16 - 30, 2013**. 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):	
<input checked="" type="checkbox"/> Proapplication		<input checked="" type="checkbox"/> New			
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:		4. Applicant Identifier:			
5a. Federal Entity Identifier:			* 5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: THE KOHTE'LI FOUNDATION					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
271476812			261173710		
d. Address:					
* Street1: 15540 U.S. HIGHWAY 101 NORTH					
Street2:					
* City: KLAMATH					
County: DEL NORTE					
* State: CALIFORNIA					
Province:					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 95548-9351					
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: Judith			
Middle Name:					
* Last Name: Marasco					
Suffix:					
Title: Executive Director					
Organizational Affiliation:					
The Kohte'li Foundation					
* Telephone Number: 707-482-1506			Fax Number: 707-482-3117		
* Email: jmarasco@yurokhousing.com					

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APR 16 2013

STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424

Version: 02

9. Type of Applicant 1: Select Applicant Type:

501(c)3 Non-profit Foundation

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.783

CFDA Title:

Rural Business Enterprise Grants

* 12. Funding Opportunity Number:

RDBCP-13-RBEG

* Title:

Rural Development Business and Cooperative Program - Rural Business Enterprise Grants

13. Competition Identification Number:

Title:

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

Crescent City, Del Norte County, California

* 15. Descriptive Title of Applicant's Project:

The Kohte'li Foundation's "East Washington Boulevard Feasibility Study and Long Term Business Planning"

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-002

* b. Program/Project CA-002

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

17. Proposed Project:

* a. Start Date: 07-01-2013

* b. End Date: 06-30-2014

18. Estimated Funding (\$):

* a. Federal	60,000.00
* b. Applicant	20,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	80,000.00

* 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 04-08-2013
- 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: Judith

Middle Name:

* Last Name: Marasco

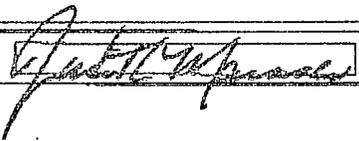
Suffix:

* Title: Executive Director

* Telephone Number: 707-482-1506

Fax Number: 707-482-3117

* Email: jmarasco@yurokhousing.com

* Signature of Authorized Representative: 

* Date Signed: 04-04-2013

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

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

* 3. Date Received: 04/16/2013	4. Applicant Identifier: <input type="text"/>
-----------------------------------	--

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

State Use Only:

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

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APR 17 2013
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

d. Address:

* Street1:	1831 9TH STREET
Street2:	<input type="text"/>
* City:	SACRAMENTO
County/Parish:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
---------------------------------------	--

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: (916) 445-3625	Fax Number: <input type="text"/>
------------------------------------	----------------------------------

* Email: KHANH.NGUYEN@WILDLIFE.CA.GOV

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F13AS00081

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

NORTH CENTRAL REGION SPORT FISHERY MANAGEMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="CA-005"/>	b. Program/Project: <input type="text" value="ALL"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date: <input type="text" value="07/01/2013"/>	* b. End Date: <input type="text" value="07/01/2014"/>
18. Estimated Funding (\$):	
* a. Federal	212,891.00
* b. Applicant	0.00
* c. State	70,964.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	283,855.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04/16/2013"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: <input type="text" value="LISA"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="BAYS"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="SSMI"/>	
* Telephone Number: <input type="text" value="(916) 445-3701"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="LISA.BAYS@WILDLIFE.CA.GOV"/>	
* Signature of Authorized Representative: <input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="04/16/2013"/>

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

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

OMB Number: 4040-0004
Expiration Date: 03/31/2013

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 04/15/2013	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
RECEIVED		
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: G1398034	APR 17 2013
8. APPLICANT INFORMATION:		
STATE CLEARING HOUSE		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1631 9TH STREET		
* Street2: <input type="text"/>		
* City: SACRAMENTO		
* County/Parish: <input type="text"/>		
* State: CA: California		
* Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95811-7011		
e. Organizational Unit:		
Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: KHANH	
Middle Name: <input type="text"/>		
* Last Name: NGUYEN		
Suffix: <input type="text"/>		
Title: GRANT ADMINISTRATOR		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (916) 445-3525	* Fax Number: <input type="text"/>	
* Email: khanh.nguyen@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

 Type of Applicant 2: Select Applicant Type:

 Type of Applicant 3: Select Applicant Type:

 * Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

 CFDA Title:

* 12. Funding Opportunity Number:

 * Title:

13. Competition Identification Number:

 Title:

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

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-005 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: 07/01/2013 * b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	140,544.00
* b. Applicant	0.00
* c. State	46,848.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	187,392.00

* 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 04/16/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Add Attachment Delete Attachment View Attachment

21. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)

** I AGREE

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

Authorized Representative:

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

* Title: SSMI

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

* Email: lisa.bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays * Date Signed: 04/16/2013

OMB Number: 4010-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Proapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____		* 5b. Federal Award Identifier: _____
CAGE Code 42UL7 exp 1/7/2014		RECEIVED
State Use Only:		APR 17 2013
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: <u>Pit Resource Conservation District</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>68-0425211</u>	* c. Organizational DUNS: <u>185576431</u>	
d. Address:		
* Street 1:	<u>PO Box 301</u>	
* Street 2:	_____	
* City:	<u>Adin</u>	
* County:	<u>LAGUNA</u>	
* State:	<u>CA</u>	
* Province:	_____	
* Country:	<u>USA: UNITED STATES</u>	
* Zip / Postal Code:	<u>95009</u>	
e. Organizational Unit:		
Department Name:	Division Name:	
_____	_____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Mr.</u>	* First Name: <u>Todd</u>	
Middle Name: _____		
* Last Name: <u>GLOAT</u>		
Suffix: _____		
Title: <u>Pit RCD Project Manager</u>		
Organizational Affiliation: _____		
* Telephone Number: <u>(530) 299-3405</u>	* Fax Number: <u>(530) 299-9410</u>	
* Email: <u>pitrcd@frontier.net</u>		

OMB Number: 4340-0034
Expiration Date: 01/31/2006

Application for Federal Assistance SF-424		Version 02
9. Type of Applicant 1 - Select Applicant Type:		
Special District of Lassen County		
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 Grant (RBEG)		
* 12. Funding Opportunity Number:		
MGL-SF424 FAMILY-ALL FORMS		
* Title:		
MGL-SF424 FAMILY - ALL FORMS		
13. Competition Identification Number:		
Title:		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
Haber, Adin, Lookout, Nubieber, Lassen County, Modoc County, California		
* 15. Descriptive Title of Applicant's Project:		
Feasibility Assessment for the Big Valley Sawlog and Forest Bioenergy Project		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

4

* b. Program/Project

4

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

06-01-2013

* b. End Date:

06-30-2014

18. Estimated Funding (\$):

* a. Federal

\$59,800.00

* b. Applicant

\$15,100.00

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$74,900.00

* 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

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 assurance ** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix:

Mr.

* First Name:

Todd

Middle Name:

* Last Name:

Sloat

Suffix:

* Title:

Pit RCD Project Manager

* Telephone Number:

(530) 299-3405

Fax Number:

(530) 299-9410

* Email:

pitrxd@frontiernet.net

* Signature of Authorized Representative:

* Date Signed:

04-13-2013

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1-02

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):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	_____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____
* 3. Date Received:	4. Applicant Identifier:	
04/16/2013	_____	
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	8003223580000	
d. Address:		
* Street1:	1831 9TH STREET	
* Street2:	_____	
* City:	SACRAMENTO	
* County/Parish:	_____	
* State:	CA: California	
* Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95811-7011	
e. Organizational Unit:		
Department Name:	Division Name:	
FISH AND WILDLIFE	GRANTS MANAGMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	_____
Mr.	KHANH	_____
Middle Name:	_____	
* Last Name:	NGUYEN	
Suffix:	_____	
Title: GRANT ADMINISTRATOR		
Organizational Affiliation:		

* Telephone Number:	Fax Number:	_____
(916) 445-3525	_____	_____
* Email: KHANH.NGUYEN@WILDLIFE.CA.GOV		

RECEIVED

APR 17 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-005

b. Program/Project: ALL

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2013

* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	147,607.00
* b. Applicant	0.00
* c. State	49,229.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	196,916.00

* 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 04/16/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

I AGREE

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

Authorized Representative:

Prefix: * First Name: LISA

Middle Name:

* Last Name: BAYS

Suffix:

* Title: SGM

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

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

* Signature of Authorized Representative: Lisa Bays * Date Signed: 04/16/2013

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 tenor(a):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="text"/>
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>
* 3. Date Received:	4. Applicant Identifier:	
04/16/2013	<input type="text"/>	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
<input type="text"/>	<input type="text"/>	
State Use Only:	APR 17 2013	
6. Date Received by State:	7. State Application Identifier: 01398029	
8. APPLICANT INFORMATION:	STATE CLEARING HOUSE	
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
94-1697567	8093223580000	
d. Address:		
* Street1:	1831 9TH STREET	
Street2:	<input type="text"/>	
* City:	SACRAMENTO	
County/Parish:	<input type="text"/>	
* State:	CA: California	
Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95811-7011	
e. Organizational Unit:		
Department Name:	Division Name:	
FISH AND WILDLIFE	GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	KRANH
Middle Name:	<input type="text"/>	
* Last Name:	NGUYEN	
Suffix:	<input type="text"/>	
Title:	GRANT ADMINISTRATOR	
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number:	(916) 445-3525	Fax Number:
* Email:	KHANH.NGUYEN@WILDLIFE.CA.GOV	

Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-005

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: 07/01/2013

* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	100,718.00
* b. Applicant	0.00
* c. State	33,573.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	134,291.00

* 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 04/16/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

 I AGREE

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

Authorized Representative:

Prefix: * First Name: LISA

Middle Name:

* Last Name: BAYS

Suffix:

* Title: GSMI

* Telephone Number: (916) 445-3701

Fax Number:

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

* Signature of Authorized Representative: Lisa Bays

* Date Signed: 04/16/2013

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):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	
04/16/2013		
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	RECEIVED
	61398023	
8. APPLICANT INFORMATION:		
* a. Legal Name:	APR 17 2013	
STATE OF CALIFORNIA	STATE CLEARING HOUSE	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
94-1697567	8083223580000	
d. Address:		
* Street1:	1831 9TH STREET	
Street2:		
* City:	SACRAMENTO	
County/Parish:		
* State:	CA: California	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95811-7011	
e. Organizational Unit:		
Department Name:	Division Name:	
FISH AND WILDLIFE	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:
* Email:	jason.williams@wildlife.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:

F13AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

WILDLIFE INVENTORIES AND RESEARCH - COMPREHENSIVE WETLANDS (W-74-R)

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: ALL

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

[Empty text box]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2013

* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	116,859.00
* b. Applicant	0.00
* c. State	38,953.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	155,812.00

* 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 04/16/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

[Empty text box]

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: [Empty] * First Name: LISA

Middle Name: [Empty]

* Last Name: BAYS

Suffix: [Empty]

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701 Fax Number: [Empty]

* Email: lisa.bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays * Date Signed: 04/16/2013

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

Application for Federal Assistance SF-424

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

* 3. Date Received: 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: 61398023
----------------------------------	---

RECEIVED

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA	APR 17 2013
--------------------------------------	-------------

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

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
------------------------------------	---

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

Prefix: Mr.	* First Name: JASON
Middle Name: _____	
* Last Name: WILLIAMS	
Suffix: _____	
Title: GRANT ADMINISTRATOR	

Organizational Affiliation:

* Telephone Number: 916-327-0063	Fax Number: 916-327-6330
* Email: jason.williams@wildlife.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:

F13A500077

* 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.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

COORDINATION OF CALIFORNIA FEDERAL ASSISTANCE IN WILDLIFE RESTORATION PROGRAM (W-29-C)

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 ALL

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2013 * b. End Date: 06/30/2014

18. Estimated Funding (\$):

Table with 2 columns: Category and Amount. Rows include Federal (350,116.00), Applicant (0.00), State (116,705.00), Local (0.00), Other (0.00), Program Income (0.00), and TOTAL (466,821.00).

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

- Selected: a. This application was made available to the State under the Executive Order 12372 Process for review on 04/16/2013.
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: Mrs. First Name: LISA
Middle Name:
Last Name: BAYS
Suffix:

Title: STAFF SERVICES MANAGER I

Telephone Number: 916-445-3701 Fax Number:

Email: lisa.bays@wildlife.ca.gov

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

OAS Number: 4040-0000
Expiration Date: 04/01/2013

Application for Federal Assistance SF-424		
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application: * If Revision, select appropriate letter(s):</p> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* 3. Date Received: 4. Applicant Identifier:</p> <p>Completed by Grants.gov upon submission. Tagua 20131141 APR 17 2013</p>		
<p>5a. Federal Entity Identifier:</p>		<p>5b. Federal Award Identifier: STATE CLEARING HOUSE</p> <p>610RC00309</p>
<p>State Use Only:</p> <p>6. Date Received by State: 7. State Application Identifier:</p>		
<p>8. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: The Regents of the University of California</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p>956006145</p>		<p>* c. Organizational DUNS:</p> <p>0948783940000</p>
<p>d. Address:</p> <p>* Street: 3227 Cheadle Hall</p> <p>Street:</p> <p>* City: Santa Barbara</p> <p>County/Parish:</p> <p>* State: CA: California</p> <p>Province:</p> <p>* Country: USA: UNITED STATES</p> <p>* Zip / Postal Code: 93106-2050</p>		
<p>e. Organizational Unit:</p> <p>Department Name: Earth Research Institute Division Name: Research</p>		
<p>f. Name and contact information of person to be contacted on matters involving this application:</p> <p>Prefix: * First Name: George</p> <p>Middle Name:</p> <p>* Last Name: Hopwood</p> <p>Suffix:</p> <p>Title: Sponsored Projects Officer</p> <p>Organizational Affiliation:</p>		
<p>* Telephone Number: 805-893-5330</p>		<p>Fax Number: 805-893-2611</p>
<p>* Email: hopwood@research.ucsb.edu</p>		

Application for Federal Assistance SF-424

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

 Type of Applicant 2: Select Applicant Type:

 Type of Applicant 3: Select Applicant Type:

 * Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

 CFDA Title:

* 12. Funding Opportunity Number:

 Title:

13. Competition Identification Number:

 Title:

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

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	CA-024
b. Program/Project	CR-024
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date:	07/01/2013
* b. End Date:	06/30/2014
18. Estimated Funding (\$):	
* a. Federal	69,439.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	69,439.00
* 19. Is Application Subject to Review by State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	04/19/2013
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1001)	
<input checked="" type="checkbox"/> I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	* First Name: George
Middle Name:	
* Last Name:	Hopwood
Suffix:	
* Title:	Sponsored Projects Officer
* Telephone Number:	805-893-5510
Fax Number:	805-893-2611
* Email:	proposals@research.ucsb.edu
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 4/16/2013	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		Organizational Unit	
Legal Name: Fall River Resource Conservation District		Department:	
Organizational DUNS: 197384055		Division:	
Address: Street: P.O. Box 83 44327 Hwy 299 E.		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: McArthur		Prefix:	First Name: Patricia
County: Shasta		Middle Name L	Last Name Betz
State: CA	Zip Code 96056	Suffix:	
Country: USA		Email: fallriverrod@citlink.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0390005		Phone Number (give area code) 530-336-6591	Fax Number (give area code) 530-336-5318
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: USDA Forest Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Burney-Shasta County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Feasibility Assessment for Burney-Hat Creek Community Forest Bioenergy Project	
13. PROPOSED PROJECT Start Date: June 1, 2013 Ending Date: June 30, 2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Fall River Resource Conservation D b. Project 2	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 56,800.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$ 4,000.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 7,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 68,300.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative		c. Telephone Number (give area code) 530-336-6591	
Prefix	First Name Patricia	Middle Name L	e. Date Signed 4/16/2013
Last Name Betz	b. Title Administrative Assistant		
3. Signature of Authorized Representative <i>Patricia L. Betz</i>			

MODE = MEMORY TRANSMISSION

START=APR-17 14:13

END=APR-17 14:15

FILE NO.=054

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	A	915303365618	004/004	00:01:16

-STATE CLEARINGHOUSE

***** UF-8000 ***** -916 323 3018 - *****

1400 TENTH STREET P.O. BOX 3044 SACRAMENTO, CALIFORNIA 95812-3044
TEL (916) 448-0618 FAX (916) 328-3018 www.opr.ca.gov

Number of Pages
Including cover sheet

State Clearinghouse Fax: 916-323-3018

Instructions:

From:

To:

Fax Number:

Date:

4/17
 530 350-5618
 Patti Betz
 Shyla Brown
 email was kicked back
 to us. Date stamped
 4/24 4:30pm

Facsimile Transmittal

State Clearinghouse
Governor's Office of Planning and Research

Jerry Brown
Governor

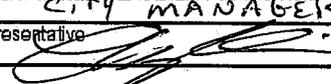


STATE OF CALIFORNIA



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED	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 SEBASTOPOL		Organizational Unit: Department: PUBLIC WORKS		
Organizational DUNS: 004952883		Division:		
Address: Street: 714 JOHNSON STREET		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: RICHARD		
City: SEBASTOPOL		Middle Name		
Country: SONOMA		Last Name: EMIG		
State: CA	Zip Code: 95472	Suffix:		
Country: USA		Email: remig@cityofsebastopol.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-06000430		Phone Number (give area code) 707 823-5331	Fax Number (give area code) 707 823-4721	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) RECEIVED Other (specify) C APR 18 2013		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760		9. NAME OF FEDERAL AGENCY: USDA 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT/ACTING HOUSE ARSENIC TREATMENT FOR CITY WELLS 6 + 7, SHORT TERM WORK ON WELL 7 TO MAKE IT OPERATIONAL, FEASIBILITY STUDY.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SEBASTOPOL		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project 2		
13. PROPOSED PROJECT Start Date: CURRENT Ending Date: 12/31/15		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES		
15. ESTIMATED FUNDING: 2,473,674		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$ 2,473,674	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
b. Applicant	\$			
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$			
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 LARRY	Middle Name		
Last Name MCLAUGHLIN			Suffix	
b. Title CITY MANAGER			c. Telephone Number (give area code) 707 823-1153	
d. Signature of Authorized Representative 			e. Date Signed 4-15-13	

Previous Edition Usable
Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

A

* Other (Specify)

RECEIVED

* 3. Date Received:

4. Applicant Identifier:

CA Department of Food & Agriculture

APR 22 2013

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

13-8506-1164-CA

STATE CLEARING HOUSE

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):
68-0325104

* c. Organizational DUNS:
807487665

d. Address:

* Street1:

3294 Meadowview Road

Street2:

* City:

Sacramento

County:

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95832

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health and Pest Prevention Services

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

Prefix:

* First Name:

Duane

Middle Name:

L

* Last Name:

Schnabel

Suffix:

Title:

Branch Chief

Organizational Affiliation:

* Telephone Number:

916-262-1102

Fax Number:

916-262-2020

* Email:

duane.schnabel@cdfa.ca.gov

RECEIVED

STATE OF CALIFORNIA

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Light Brown Apple Moth Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA; 3rd

* b. Program/Project Statewide

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

17. Proposed Project:

* a. Start Date: 10/1/12

* b. End Date: 9/30/13

18. Estimated Funding (\$):

* a. Federal \$801,000

* b. Applicant

* c. State \$0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$801,000

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 4/19/13

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Federal Funds Manager

* Telephone Number: 916-403-6653

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed: 4/22/13

Application for Federal Assistance SF-424

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:		4. Application Identifier:			
		RECEIVED			
		APR 22 2013			
5a. Federal Entity Identifier: MMH - 3-06-0146-			* 5b. Federal Award Identifier:		
			STATE CLEARING HOUSE		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Town of Mammoth Lakes					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067			*c. Organizational DUNS: 144603339		
d. Address:					
* Street1: 1300 Airport Road					
Street 2:					
* City: Mammoth Lakes					
County: Mono					
* State: California					
Province:					
Country: USA			*Zip/ Postal Code: 93546		
e. Organizational Unit:					
Department Name: Public Works			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Brian			
Middle Name:					
* Last Name: Picken					
Suffix:					
Title: Assistant Airport Manager					
Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport					
* Telephone Number: 760-934-3813 Fax Number: 760-934-3119					
* Email: bpicken@ci.mammoth-lakes.ca.us					

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

* 15. Descriptive Title of Applicant's Project:

~~Mammoth-Yosemite Airport, Mammoth Lakes, Mono County, California: Wildlife Management Plan~~

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-025

* a. Applicant CA-025

* b. Program/Project: CA-025

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

17. Proposed Project:

* a. Start Date: 2013

* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$99,000.00
*b. Applicant	\$11,000.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$110,000.00

***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 4-17-2013
 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: Raymond

Middle Name:

*Last Name: Jarvis

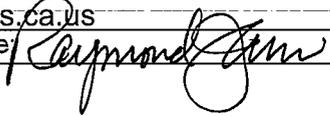
Suffix: P.E.

*Title: Director of Public Works, Town of Mammoth Lakes

*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

*Email: rjarvis@ci.mammoth-lakes.ca.us

*Signature of Authorized Representative: 

Date Signed: 4/18/13

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: 0793-1506
-------------------------------------	--

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: Wildcat Discovery Technologies, Inc.
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 205595019	* c. Organizational DUNS: 793865788
---	---

d. Address:

* Street1: 6985 Flanders Drive
Street2: _____
* City: San Diego
County: San Diego
* State: California
Province: _____
* Country: United States of America
* Zip / Postal Code: 92121

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: Ross
Middle Name: _____	
* Last Name: Russo	
Suffix: _____	

Title: Business Development Manager
--

Organizational Affiliation: Wildcat Discovery Technologies, Inc.
--

* Telephone Number: (858) 550-1980	Fax Number: (858) 638-7533
---	-----------------------------------

* Email: russo@wildcatdiscovery.com
--

RECEIVED
APR 22 2013
STATE CLEARING HOUSE

1940

STATE OF CALIFORNIA

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

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

-M. Profit Organization-

Type of Applicant 3: Select Applicant Type:*** Other (specify):***** 10. Name of Federal Agency:**

U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81 0 B 6

CFDA Title:

Conservation Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000793

*** Title:**

Fiscal Year 2013 Vehicle Technologies Program-Wide Funding Opportunity Announcement

13. Competition Identification Number:**Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**City of San Diego, County of San Diego, State of California
City of St. Paul, County of Ramsey, State of Minnesota*** 15. Descriptive Title of Applicant's Project:**

Novel Non-Carbonate Based Electrolytes for Silicon Anodes

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="999,780.00"/>
* b. Applicant	<input type="text" value="249,945.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,249,725.00"/>

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

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

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

- Yes
- No

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

** I AGREE

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

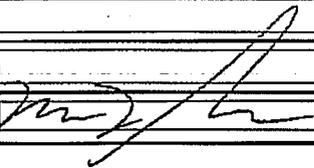
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

1970-1971

1972-1973

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Transportation - Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit - Formula Grants

* 12. Funding Opportunity Number:

n/a

* Title:

20.507 - Federal Transit - Formula Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

2012 CMAQ Buses, Fareboxes (CA-95-X224)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$3,850,000.00"/>
* b. Applicant	<input type="text" value="\$0.00"/>
* c. State	<input type="text" value="\$0.00"/>
* d. Local	<input type="text" value="\$78,000.00"/>
* e. Other	<input type="text" value="\$0.00"/>
* f. Program Income	<input type="text" value="\$0.00"/>
* g. TOTAL	<input type="text" value="\$3,928,000.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify)
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
RECEIVED		
APR 23 2013		
STATE CLEARING HOUSE		
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): 68-030-3606	*c. Organizational DUNS: 172070807	
d. Address:		
*Street 1:	<u>P.O. Box 942896</u>	
Street 2:	_____	
*City:	<u>Sacramento</u>	
County:	<u>Sacramento</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>91296-0001</u>	
e. Organizational Unit:		
Department Name: Department of Parks and Recreation	Division Name: Office Of Historic Preservation	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Mr.</u>	*First Name: <u>John</u>	
Middle Name: <u>Raymond</u>		
*Last Name: <u>Thomas</u>		
Suffix: _____		
Title:	<u>Associate Park and Recreation Specialist</u>	
Organizational Affiliation: <u>Office of Historic Preservation</u>		
*Telephone Number: (916) 445-7024	Fax Number: (916) 445-7053	
*Email: <u>John.Thomas@parks.ca.gov</u>		

1944

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Application for Federal Assistance SF-424

Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.904

CFDA Title:

Historic Preservation Fund, Grants in Aid

***12 Funding Opportunity Number:**

SHPO-2013-HPF

*Title:

FY2013 SHPO Historic Preservation Fund Grants in Aid

13. Competition Identification Number:

N/A

Title:

N/A

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

State of California

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

20 State Historic Preservation Office Operations Grant

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: _____ *b. Program/Project: See #15 Above

17. Proposed Project:
*a. Start Date: October 1, 2012 *b. End Date: September 30, 2014

18. Estimated Funding (\$):

*a. Federal	\$924,872.00
*b. Applicant	\$493,530.00
*c. State	\$61,690.00
*d. Local	\$61,670.00
*e. Other	
*f. Program Income	
*g. TOTAL	\$1,541,762.00

***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 04/23/2013
 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: Carol
Middle Name: _____
*Last Name: Roland-Nawi
Suffix: PhD

*Title: State Historic Preservation Officer

*Telephone Number: (916)445-7050 Fax Number: (916) 445-7053

* Email: Carol.nawi@parks.ca.gov

*Signature of Authorized Representative:  *Date Signed: 04/23/2013

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

0829-1518

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:

University of California/ Lawrence Berkeley Nat'l Laboratory

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

942951741

* c. Organizational DUNS:

078576738

d. Address:

* Street1:

1 Cyclotron Road

Street2:

* City:

Berkeley

County:

Alameda County

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94720-8134

e. Organizational Unit:

Department Name:

Building Technology and Urban Systems

Division Name:

Environmental Energy Technologies Division

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

Prefix:

* First Name:

Cynthia

Middle Name:

M

* Last Name:

Regnier

Suffix:

Title:

Deputy Group Leader - Commercial Building Systems

Organizational Affiliation:

Lawrence Berkeley National Laboratory

* Telephone Number:

(510) 486-7011

Fax Number:

(510) 486-4089

* Email:

cmregnier@lbl.gov

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Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

Federally Funded Research and Development Center

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

Department of Energy - Energy Efficiency & Renewable Energy

11. Catalog of Federal Domestic Assistance Number:

91086

CFDA Title:

Conservation Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000829

*** Title:**

Better Buildings: Commercial Energy Efficiency Solutions

13. Competition Identification Number:

Title:

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

Berkeley, CA (Alameda County)	Tempe, AZ (Maricopa County)	Santa Fe, NM (Santa Fe County)
Seattle, WA (King County)	Cleveland, OH (Cuyahoga County)	
Pittsburgh, PA (Allegheny County)	San Jose, CA (Santa Clara County)	

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

2030 District Program and Small Commercial Toolkit

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

13. Congressional Districts Of:

* a. Applicant CA-009

* b. Program/Project CA-009

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

WA-007, PA-014, CA-016, OH-011, AZ-005 NM-003

17. Proposed Project:

* a. Start Date: 10/01/2013

* b. End Date: 03/31/2016

18. Estimated Funding (\$):

* a. Federal	2,000,000.00
* b. Applicant	
* c. State	1,415,000.00
* d. Local	50,000.00
* e. Other	535,000.00
* f. Program Income	
* g. TOTAL	4,000,000.00

* 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 04/24/2013
- 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: Michael

Middle Name:

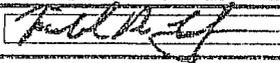
* Last Name: Lofy

Suffix:

* Title: Principal Resource Analyst

* Telephone Number: (510) 495-2405 Fax Number: (510) 486-6018

* Email: mlofy@lbl.gov

* Signature of Authorized Representative:  * Date Signed: 04/24/2013

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier: ECONOMIC DEVELOPMENT & FINANCING CORP / 943372839 / 5NMGB exp. 5/15/13	*5b. Federal Award Identifier:
---	--------------------------------

State Use Only:

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

B. APPLICANT INFORMATION:

*a. Economic Development and Finance Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0346089	*c. Organizational DUNS: 943372839
--	---------------------------------------

d. Address:

*Street 1:	631 South Orchard Ave.
Street 2:	
*City:	Ukiah
County/Parish:	
*State:	California
Province:	
*Country:	USA
*Zip / Postal Code:	95482

RECEIVED
APR 24 2013
STATE CLEARING HOUSE

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: John
Middle Name:	
*Last Name: Kuhry	
Suffix:	

Title: EDFC, Executive Director

Organizational Affiliation:

*Telephone Number: (707)-467-5953	Fax Number:
-----------------------------------	-------------

*Email: john@edfc.org

Application for Federal Assistance SF-4

9. Type of Applicant 1: Select Applicant Type:

Not for profit organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

*10 Name of Federal Agency:

Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grants (FY) 2013

*12 Funding Opportunity Number:

*Title:

Rural Business Enterprise Grant

13. Competition Identification Number:

Title:

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

Mendocino County, Ca: Branscomb, Covelo, Ft. Bragg, Ukiah

*15. Descriptive Title of Applicant's Project:

Mendocino County Biomass Energy Feasibility Study (MCBEFS)

Attach supporting documents as specified in agency instructions.



16. Congressional Districts Of:

*a. Applicant: CA-001

*b. Program/Project: CA-001

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

17. Proposed Project:

*a. Start Date: 7/1/13

*b. End Date: 6/30/14

18. Estimated Funding (\$):

*a. Federal	\$	195,500.
*b. Applicant	\$	6,100
*c. State	\$	
*d. Local	\$	10,900
*e. Other	\$	8,400
*f. Program Income	\$	
*g. TOTAL	\$	220,900

*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 4/18/13

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.

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: _____ Kuhry _____
Suffix: _____

*Title: President _____ Executive Director _____

*Telephone Number: (707)-467-5953

Fax Number: _____

*Email: john@edfc.org

*Signature of Authorized Representative:

*Date Signed: 4/18/2013



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

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[]

* Other (Specify):

[]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[]

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

[]

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APR 24 2013

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

01398030

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1416 9TH STREET

Street2:

[]

* City:

SACRAMENTO

County/Parish:

[]

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

FISH AND WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

KHANH

Middle Name:

[]

* Last Name:

NGUYEN

Suffix:

[]

Title:

[]

Organizational Affiliation:

[]

* Telephone Number:

(916) 445-3525

Fax Number:

[]

* Email:

Khanh.Nguyen@wildlife.ca.gov

1947

1948

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F13AS00081

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

North Central Region Fish Habitat Shop (F-143-D)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

CA-006

b. Program/Project

CA-ALL

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2013

* b. End Date:

06/30/2014

18. Estimated Funding (\$):

* a. Federal	638,005.00
* b. Applicant	0.00
* c. State	212,668.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	850,673.00

* 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

04/23/2013

 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 21B, Section 1001)

 ** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

LISA

Middle Name:

* Last Name:

BAYS

Suffix:

* Title:

SSMI

* Telephone Number:

(916) 445-3701

Fax Number:

* Email:

Lisa.Bays@wildlife.ca.gov

* Signature of Authorized Representative:

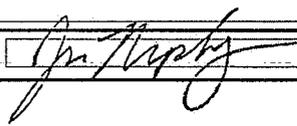
Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
* 3. Date Received: _____	4. Applicant Identifier: 0829-1534
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: Ecology Action of Santa Cruz	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 5 2 2 5 8 2 4 3 6	* c. Organizational DUNS: 038145959
d. Address:	
* Street 1: 877 Cedar Street, Suite 240	RECEIVED APR 24 2013 STATE CLEARING HOUSE
Street 2: _____	
* City: Santa Cruz	
County: _____	
* State: CA	
Province: _____	
* Country: USA	
* Zip / Postal Code: 95060	
e. Organizational Unit:	
Department Name: Energy	Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	* First Name: Mahlon
Middle Name: _____	
* Last Name: Aldridge	
Suffix: _____	
Title: Vice President	
Organizational Affiliation: _____	
* Telephone Number: (831) 515-1316	Fax Number: (831) 425-1404
* Email: maldridge@ecoact.org	

Application for Federal Assistance SF-424
9. Type of Applicant 1: Select Applicant Type: <input type="checkbox"/> O. Not for Profit Organization Type of Applicant 2: Select Applicant Type: <input type="text"/> Type of Applicant 3: Select Applicant Type: <input type="text"/> * Other (specify): <input type="text"/>
* 10. Name of Federal Agency: <input type="text" value="Department of Energy"/>
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="81086"/> CFDA Title: <input type="text" value="Conservation Research and Development"/>
* 12. Funding Opportunity Number: <input type="text" value="DE-FOA-0000829"/> * Title: <input type="text" value="Better Buildings: Commercial Energy Efficiency Solutions"/>
13. Competition Identification Number: <input type="text"/> Title: <input type="text"/>
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="California & TBD (Midwestern United States or Intermountain Western United States)"/>
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Small Market Advanced Retrofit Transformation Program (SMART Scale)"/>
Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="CA-020"/>	* b. Program/Project: <input type="text" value="CA-003"/>
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date: <input type="text" value="08/01/2013"/>	* b. End Date: <input type="text" value="07/31/2016"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="2,000,000.00"/>
* b. Applicant	<input type="text" value="4,030,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="6,030,000.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04/24/2013"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Jim"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Murphy"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Executive Director/CEO"/>	
* Telephone Number: <input type="text" value="(831) 515-1325"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="jmurphy@ecoact.org"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="4/23/2013"/>

Application for Federal Assistance SF-424

Version 02

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

***a. Legal Name:** City of Hanford

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000345	*c. Organizational DUNS: 149 340 676
---	--

d. Address:

***Street 1:** 319 N Douty St
Street 2: _____
***City:** Hanford
County: Kings
***State:** California
Province: _____
***Country:** USA
***Zip / Postal Code** 93230

e. Organizational Unit:

Department Name: Community Development	Division Name: _____
--	-----------------------------

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

Prefix: Mrs. ***First Name:** Melody
Middle Name: _____
***Last Name:** Haigh
Suffix: _____

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APR 25 2013

Title: Community Development Manager

Organizational Affiliation: _____
Municipality: _____

STATE CLEARING HOUSE

***Telephone Number:** 559-585-2583 **Fax Number:** 559-583-1633

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

Application for Federal Assistance SF-424

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-218

CFDA Title:

Community Development Block Grant

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

City of Hanford

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

Community Development Block Grant Program. Program is designed to address local housing needs, upgrade the physical environment and provide for a viable community.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 20

*b. Program/Project: 20

17. Proposed Project:

*a. Start Date: 7/13

*b. End Date: 6/14

18. Estimated Funding (\$):

*a. Federal	_____	\$375,330
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	\$337,000
*g. TOTAL	_____	\$712,330

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 04/08/2013
- 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

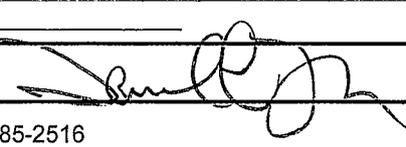
Authorized Representative:

Prefix: Mr _____ *First Name: Darrel _____

Middle Name: L. _____

*Last Name: Pyle _____

Suffix: _____

*Title: City Manager 

*Telephone Number: 559-585-2516

Fax Number: 559-585-2595

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

*Signature of Authorized Representative:

*Date Signed:



0 4 0

Application for Federal Assistance SF-424

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** Waypoint Building Group

* b. Employer/Taxpayer Identification Number (EIN/TIN): 3 0 0 5 9 1 2 8 0	* c. Organizational DUNS: 832784271
---	---

d. Address:

* Street1: 220 Montgomery Street	RECEIVED APR 25 2013 STATE CLEARING HOUSE
Street2: Suite 310	
* City: San Francisco	
County: San Francisco	
* State: CA	
Province: _____	
* Country: United States	
* Zip / Postal Code: 94104	

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: Diane
Middle Name: _____	
* Last Name: Vrkic	
Suffix: _____	

Title: President

Organizational Affiliation:

* Telephone Number: (415) 738-4730	Fax Number: _____
---	--------------------------

*** Email:** dianevrkic@waypointbuilding.com



Application for Federal Assistance SF-424		
9. Type of Applicant 1: Select Applicant Type:		
N. Other (Specify)		
Type of Applicant 2: Select Applicant Type:		
Type of Applicant 3: Select Applicant Type:		
* Other (specify):		
Small Business		
* 10. Name of Federal Agency:		
U.S. Department of Energy, Office of Energy Efficiency and Renewable Energy		
11. Catalog of Federal Domestic Assistance Number:		
8 1 0 8 6		
CFDA Title:		
* 12. Funding Opportunity Number:		
DE-FOA-0000829		
* Title:		
Better Buildings: Commercial Energy Efficiency Solutions		
13. Competition Identification Number:		
N/A		
Title:		
N/A		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
California		
* 15. Descriptive Title of Applicant's Project:		
Whole Building Retrofit with Remote Monitoring and Verification		
Attach supporting documents as specified in agency instructions.		

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="750,000.00"/>
* b. Applicant	<input type="text" value="750,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,500,000.00"/>

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

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

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

- Yes
- No

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

**** I AGREE**

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

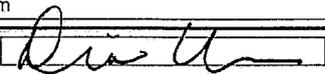
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Authorized for Local Reproduction



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

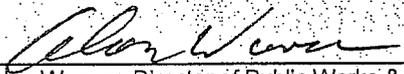
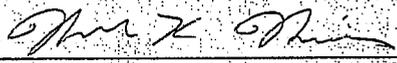
Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Non-Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non-Construction
Applicant Information			
County of Fresno		CA69019 FRESNO COUNTY	
2220 Tulare Street, 8th Floor		828927876	
Fresno	California	Public Works and Planning Department	
93721	Country U.S.A.	Community Development Division	
Employer Identification Number (EIN):		Fresno County	
94-60000512		07/01	
Applicant Type:		Specify Other Type if necessary:	
Local Government: Fresno County			
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	
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)	
<ul style="list-style-type: none"> - General Management, Oversight, and Coordination - CDBG Housing Program Administration - Housing Assistance Rehabilitation Program - City Activities - Public Facilities and Infrastructure Improvement Projects - Public Service Programs 		The unincorporated area of Fresno County; the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma.	
CDBG Grant Amount: \$2,690,000			
Anticipated Program Income: \$500,000			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles		Description of Areas Affected by HOME Project(s)	
<ul style="list-style-type: none"> - HOME Program Administration - Homebuyer Assistance - Affordable Housing Development - Housing Assistance Rehabilitation Program 		The unincorporated area of Fresno County; the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma	
HOME Grant Amount: \$750,000			
Anticipated Program Income: \$500,000			

Housing Opportunities for People with AIDS	14.241 HOPWA
HOPWA Project Titles: Not Applicable	Description of Areas Affected by HOPWA Project(s)
HOPWA Grant Amount: \$0	

Emergency Solutions Grant Program	14.231 ESG
ESG Project Titles	Description of Areas Affected by ESG Project(s)
- Emergency Solutions Grant Administration - Emergency Solutions Grant	The County of Fresno
ESG Grant Amount: \$295,153	

Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts: 4, 16, 21, 22	Project Districts 4, 16, 21, 22		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on 4/26/13
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Gigi Gibbs		
Community Development Manager	Phone (559) 600-4292	Fax (559) 600-4573
	www.co.fresno.ca.us	
Signature of Authorized Representative		Date Signed
		4/25/13
Alan Weaver, Director of Public Works & Planning (HOME & CDBG Rep.)		Date
		4/23/13
Howard K. Himes, Director, Department of Social Services (ESG Rep.)		Date

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APR 29 2013
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 969369912/6YK04

5. APPLICANT INFORMATION

Legal Name: Mendocino County Promotional Foundation Organizational Unit: _____
 Department: _____
 Organizational DUNS: 969369912 Division: _____
 Address: _____ Name and telephone number of person to be contacted on matters involving this application (give area code)
 Street: 345 N. Franklin Street RECEIVED Prefix: _____ First Name: Richard
 City: Fort Bragg Middle Name _____
 County: Mendocino APR 29 2013 Last Name Strom
 State: CA Zip Code 95437 Suffix: Mr.
 Country: U.S.A. STATE CLEARING HOUSE Email: richard@visitmendocino.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
25-3639953

Phone Number (give area code) 707-964-9010 Fax Number (give area code) 707-703-4275

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)
 Not for Profit Organization
 Other (specify) _____

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 TITLE (Name of Program): 10-769

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Mendocino County Farm Trails Map and Program

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

13. PROPOSED PROJECT
 Start Date: October 2013 Ending Date: October 2014

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

15. ESTIMATED FUNDING:

a. Federal	\$	<u>54,200</u>	⁰⁰
b. Applicant	\$		⁰⁰
c. State	\$		⁰⁰
d. Local	\$		⁰⁰
e. Other	\$	<u>9,500</u>	⁰⁰
f. Program Income	\$	<u>9,500</u>	⁰⁰
g. TOTAL	\$	<u>73,200</u>	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: _____
 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

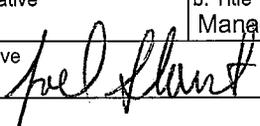
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix _____ First Name John Middle Name _____
 Last Name Kuhry Suffix Mr.
 b. Title President c. Telephone Number (give area code) 707-964-9010
 d. Signature of Authorized Representative  e. Date Signed 4/2/2013

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 23, 2013	Applicant Identifier 1671
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-04-0221
5. APPLICANT INFORMATION			
Legal Name: San Mateo Transit District		Organizational Unit: Planning and Development	
Address (give city, county, State, and zip code): 1250 San Carlos Blvd. San Carlos, CA 94070		Name and telephone number of person to be contacted on matters involving this application (give area code): RECEIVED APR 29 2013 Rebecca Arthur (650)508-6368	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 2325976 STATE CLEARING HOUSE		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20 - 5000 TITLE: FTA Section 5309 Bus and Bus Facilities Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Reconfiguration of San Carlos Transit Center Purchase of 25 Hybrid Diesel/Electric Replacement Buses	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/9/13	Ending Date 5/31/15	a. Applicant 12 & 14	b. Project 12 & 14
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 8,450,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/01/13	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ 2,721,965 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 11,171,965 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Joel Slavitt		b. Title Manager, Grants & Fund Programmin	c. Telephone Number (650) 508-6476
d. Signature of Authorized Representative 			e. Date Signed 4-23-13

Application for Federal Assistance SF-424

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

* 3. Date Received: - - - - _____	4. Applicant Identifier: 0829-1534	APR 29 2013
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: STATE CLEARING HOUSE _____
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State Use Only:

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

* a. Legal Name: Ecology Action of Santa Cruz

* b. Employer/Taxpayer Identification Number (EIN/TIN): 5 2 2 5 8 2 4 3 6	* c. Organizational DUNS: 038145959
--	--

d. Address:

* Street1: 877 Cedar Street, Suite 240
Street2: _____
* City: Santa Cruz
County: _____
* State: CA
Province: _____
* Country: USA
* Zip / Postal Code: 95060

e. Organizational Unit:

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

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

Prefix: Mr. * First Name: Mahlon
Middle Name: _____
* Last Name: Aldridge
Suffix: _____

Title: Vice President

Organizational Affiliation: _____

* Telephone Number: (831) 515-1316 Fax Number: (831) 425-1404

* Email: maldridge@ecoact.org



Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:** O. Not for Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

Conservation Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000829

* Title:

Better Buildings: Commercial Energy Efficiency Solutions

13. Competition Identification Number:

Title:

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

California & TBD (Midwestern United States or Intermountain Western United States)

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

Small Market Advanced Retrofit Transformation Program (SMART Scale)

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,000,000.00"/>
* b. Applicant	<input type="text" value="4,030,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="6,030,000.00"/>

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

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

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:



Application for Federal Assistance SF-424

Version 02

1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[]

* Other (Specify):

[]

RECEIVED

3. Date Received:

[]

4. Applicant Identifier:

[]

APR 29 2013

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

8. APPLICANT INFORMATION:

a. Legal Name:

YUROK INDIAN HOUSING AUTHORITY

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

680397286

c. Organizational DUNS:

038127069

d. Address:

* Street1:

15540 U.S. Highway 101 North

Street2:

[]

* City:

Klamath

County:

Del Norte

* State:

California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95548-9351

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:

Judith

Middle Name:

[]

* Last Name:

Merasco

Suffix:

[]

Title:

Executive Director

Organizational Affiliation:

Yurok Indian Housing Authority

* Telephone Number:

707-482-1506

Fax Number:

707-482-3117

* Email:

jmerasco@yurokhousing.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Tribally Designated Housing Entity

Type of Applicant 2: Select Applicant Type:

Indian Housing Authority

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.783

CFDA Title:

Rural Business Enterprise Grant Programs

*** 12. Funding Opportunity Number:**

RDBCP-13-RBEG

*** Title:**

Rural Development Business and Cooperative Program - Rural Business Enterprise Grants

13. Competition Identification Number:

Title:

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

Crescent City, Del Norte County, California

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

The Kohte'li Foundation's "East Washington Boulevard Feasibility Study and Long Term Business Planning"

Attach supporting documents as specified in agency instructions.

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: 07-01-2013

* b. End Date: 06-30-2014

18. Estimated Funding (\$):

- * a. Federal 60,000
- * b. Applicant 20,000
- * c. State 0
- * d. Local 0
- * e. Other 0
- * f. Program Income 0
- * g. TOTAL 80,000

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 04-08-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Judith

Middle Name:

* Last Name: Marasco

Suffix:

* Title: Executive Director

* Telephone Number: 707-482-1506 Fax Number: 707-482-3117

* Email: jmarasco@yurokhouaing.com

* Signature of Authorized Representative: *Judith Marasco* * Date Signed: 4-4-13

Authorized for Local Reproduction

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: 0793-1560
------------------------------	---------------------------------------

APR 30 2013

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Wildcat Discovery Technologies, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 205595019	* c. Organizational DUNS: 793865788
--	--

d. Address:

* Street1: 6985 Flanders Drive
Street2: _____
* City: San Diego
County: San Diego
* State: California
Province: _____
* Country: United States of America
* Zip / Postal Code: 92121

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: Ross
Middle Name: _____
* Last Name: Russo
Suffix: _____

Title: Business Development Manager

Organizational Affiliation:
Wildcat Discovery Technologies, Inc.

* Telephone Number: (858) 550-1980 Fax Number: (858) 638-7533

* Email: russo@wildcatdiscovery.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

I. State Controlled Institution of Higher Learning

Type of Applicant 3: Select Applicant Type:

M. Profit Organization

* Other (specify):

* 10. Name of Federal Agency:

U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81086

CFDA Title:

Conservation Research and Development

* 12. Funding Opportunity Number:

DE-FOA-0000793

* Title:

Fiscal Year 2013 Vehicle Technologies Program-Wide Funding Opportunity Announcement

13. Competition Identification Number:

Title:

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

City of San Diego, County of San Diego, State of California
City of Cockeysville, County of Baltimore, State of Maryland
City of Jacksonville, County of Duval, State of Florida

* 15. Descriptive Title of Applicant's Project:

High Energy Density Metal Fluoride Batteries for Electric Vehicles

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,002,100.00"/>
* b. Applicant	<input type="text" value="750,525.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="3,752,625.00"/>

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

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

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

- Yes
- No

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

** I AGREE

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

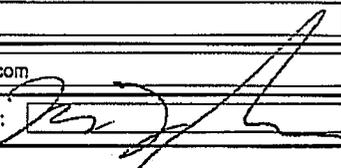
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

