

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16 - 30, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application			* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		* If Revision, select appropriate letter(s): A * Other (Specify) 	
* 3. Date Received: 3/28/14		4. Applicant Identifier: California Department of Food and Agriculture				
5a. Federal Entity Identifier: 14-8506-0484-CA			* 5b. Federal Award Identifier: 			
State Use Only:						
6. Date Received by State:		7. State Application Identifier: 13-0258-FR				
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: 1220 N Street		RECEIVED APR 16 2014 STATE CLEARING HOUSE				
Street2:						
* City: Sacramento						
County: Sacramento						
* State: CA						
Province:						
* Country: USA: UNITED STATES						
* Zip / Postal Code: 95814						
e. Organizational Unit:						
Department Name: Food and Agriculture			Division Name: Pierce's Disease Control Program			
f. Name and contact information of person to be contacted on matters involving this application:						
Prefix:		* First Name: Roger				
Middle Name:						
* Last Name: Spencer						
Suffix:						
Title: Branch Chief						
Organizational Affiliation:						
* Telephone Number: (916) 900-5024 Fax Number: (916) 900-5350						
* Email: roger.spencer@cdfa.ca.gov						

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Pierce's Disease Control Program/Glassy-winged Sharpshooter

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 10,798,378

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 10,798,378

*** 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.) 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: * First Name:

Middle Name:

* Last Name:

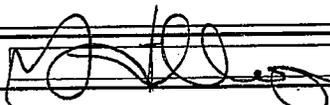
Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
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* 3. Date Received: <input type="text"/>	4. Applicant Identifier: Dept. of Food and Agriculture
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5a. Federal Entity Identifier: 14-8506-0934-GR	* 5b. Federal Award Identifier: <input type="text"/>
--	--

State Use Only:

6. Date Received by State: March 25, 2014	7. State Application Identifier: 13-0445-FR
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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: 1220 N Street, Room 315
Street2: <input type="text"/>
* City: Sacramento
County: <input type="text"/>
* State: California
Province: <input type="text"/>
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: California Department of Food and Agriculture	Division Name: Plant Health & Pest Prevention Services
--	--

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

Prefix: <input type="text"/>	* First Name: Jason
Middle Name: K	
* Last Name: Chan	
Suffix: <input type="text"/>	

Title: <input type="text"/>

Organizational Affiliation: California Department of Food and Agriculture

* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555
---	-----------------------------------

* Email: jason.chan@cdfa.ca.gov
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RECEIVED
APR 16 2014
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Exotic Fruit Fly

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 2,000,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 2,000,000

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

a. This application was made available to the State under the Executive Order 12372 Process for review on April 9, 2014

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: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

C

* Other (Specify)

RECEIVED

APR 17 2014

*** 3. Date Received:**

4. Applicant Identifier:

California Department of Food and Agriculture

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

13-8506-1499-CA

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:**

1220 N Street

Street2:

Room 325

*** City:**

Sacramento

County:

Sacramento

*** State:**

CA

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

*** First Name:**

Susan

Middle Name:

*** Last Name:**

Sawyer

Suffix:

Title:

Staff Environmental Scientist

Organizational Affiliation:

California Department of Food and Agriculture

*** Telephone Number:**

(916) 403-6660

Fax Number:

(916) 654-0986

*** Email:**

susan.sawyer@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

The states of California, Oregon, Washington and Idaho

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

Regional Strategic Systems for Early Detection of Invasive Species

Attach supporting documents as specified in agency instructions.

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.

OR-all, WA-all, ID-all

17. Proposed Project:

* a. Start Date: 8/1/2013

* b. End Date: 6/31/2015

18. Estimated Funding (\$):

* a. Federal \$216,194

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$216,194

*** 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 6/14/2013

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.) 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: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number: (916) 653-0206

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

* Signature of Authorized Representative: Crystal Myers

* Date Signed: 4/16/14

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: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	APR 17 2014
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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: Sequoia Foundation
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0100208	* c. Organizational DUNS: 0109292430000
--	---

d. Address:

* Street1: 2166 Avenida de la Playa, Suite D
Street2: _____
* City: La Jolla
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92037-3238

e. Organizational Unit:

Department Name: Environmental Health	Division Name: Asthma Healthy Homes
--	--

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

Prefix: _____	* First Name: Sylvia
Middle Name: _____	
* Last Name: Palmer	
Suffix: _____	

Title: Director, Grants and Contracts
--

Organizational Affiliation: _____

* Telephone Number: 858-459-0434	Fax Number: 858-459-9461
---	---------------------------------

* Email: Sylvia@Sequoiafoundation.org
--

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

*** 12. Funding Opportunity Number:**

EPA-OAR-ORIA-14-03

* Title:

National Indoor Environments Program: Reducing Public Exposure to Indoor Pollutants

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:**

Reducing Environmental Asthma Triggers & Other Home-Based Health Risks through Training for Health Workers, In-Home Environmental Assessments, & Enhanced Health Care Coverage through Medicaid Contract

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="597,428.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="597,428.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication:
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

1027-1742

RECEIVED

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

APR 18 2014

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Vigilant Corporation

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

263199599

* c. Organizational DUNS:

078282974

d. Address:

* Street1: 2001 Broadway

Street2:

* City: Oakland

County: Alameda

* State: California

Province:

* Country: USA

* Zip / Postal Code: 94612

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: Corinne

Middle Name:

* Last Name: Vita

Suffix:

Title: Director, Customer Engagement

Organizational Affiliation:

* Telephone Number: (510) 524-8480

Fax Number: (510) 355-3702

* Email: cvita@vigilant.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:

Building Technologies Office

11. Catalog of Federal Domestic Assistance Number:

8 1 0 8 6

CFDA Title:

* 12. Funding Opportunity Number:

DE-FOA-0001027

* Title:

Building Energy Efficiency Frontiers and Incubator Technologies (BENEFIT)

13. Competition Identification Number:

1027-1742

Title:

Data-Dependent Chiller Plant Optimization

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

USA

* 15. Descriptive Title of Applicant's Project:

Data-Dependent Chiller Plant Optimization

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:
* a. Applicant: 13th * b. Program/Project: USA-All

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

17. Proposed Project:
* a. Start Date: 07/01/2014 * b. End Date: 07/01/2016

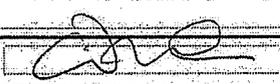
18. Estimated Funding (\$):

* a. Federal	565,237.00
* b. Applicant	308,990.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	874,227.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on 04/18/2014.
 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: Mr. * First Name: Dave
Middle Name: []
* Last Name: Lynch
Suffix: []
* Title: Chief Financial Officer
* Telephone Number: (510) 824-8480 Fax Number: (510) 355-3702
* Email: dlynch@vigilent.com
* Signature of Authorized Representative:  * Date Signed: APRIL 18, 2014

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: _____
--	--

RECEIVED

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
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APR 21 2014

STATE CLEARING HOUSE

State Use Only:

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

*** a. Legal Name:** Board of Trustees of the Leland Stanford Junior University

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156365	* c. Organizational DUNS: 0092142140000
--	---

d. Address:

*** Street1:** Office of Sponsored Research
Street2: 3160 Porter Drive, Suite 100
*** City:** Palo Alto
County/Parish: Santa Clara
*** State:** CA: California
Province: _____
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 94304-8445

e. Organizational Unit:

Department Name: Hopkins Marine Station	Division Name: _____
---	--------------------------------

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

Prefix: _____ *** First Name:** Nicole
Middle Name: K.
*** Last Name:** Pobuta
Suffix: _____

Title: Contract and Grants Officer

Organizational Affiliation:
Stanford University

*** Telephone Number:** 650-723-6267 **Fax Number:** 650-498-4156

*** Email:** npobuta@stanford.edu

Application for Federal Assistance SF-424

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

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.482

CFDA Title:

Coral Reef Conservation Program

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2014-2003817

* Title:

FY14 Coral Reef Conservation Program Domestic Coral Reef

13. Competition Identification Number:

2446912

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Developing coral restoration best practices in the face of climate change

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="51,060.00"/>
* b. Applicant	<input type="text" value="55,768.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="106,828.00"/>

*** 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:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

RECEIVED

APR 21 2014

3. Date Received:

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Clearlake Oaks CO Water District

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6050430

*c. Organizational DUNS:
03-8280053

d. Address:

*Street 1: 12952 E. Highway 20
Street 2: _____
*City: California
County: Lake
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code 95423

e. Organizational Unit:

Department Name:
Finance Department

Division Name:

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

Prefix: Ms. *First Name: Lorie
Middle Name: Ann
*Last Name: Adams
Suffix: _____

Title: Principal

Organizational Affiliation:
Consultant - Adams Ashby Group

*Telephone Number: 916-449-3944

Fax Number: 916-449-3934

*Email: ladams@adamsashbygroup.com

Application for Federal Assistance SF-424

Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

Water and Waste Disposal System for Rural Communities _____

CFDA Title:

10-760 _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

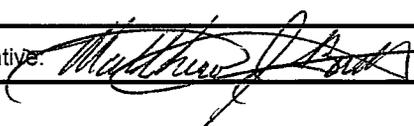
Title:

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

Clearlake Oaks Water District Limits

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

Clearlake Oaks Water Facilities Improvement Project

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 5	*b. Program/Project: 5	
17. Proposed Project:		
*a. Start Date: 1/04/2016	*b. End Date: 12/20/2016	
18. Estimated Funding (\$):		
*a. Federal	3,452,517	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	3,452,517	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>4/18/2014</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<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: <u>Mr.</u>	*First Name: <u>Matt</u>	
Middle Name: <u>James</u>		
*Last Name: <u>Bassett</u>		
Suffix: _____		
*Title: <u>General Manager</u>		
*Telephone Number: (707) 998-3322	Fax Number: (707) 998-1245	
* Email: <u>m.bassett@clocwd.org</u>		
*Signature of Authorized Representative: 		*Date Signed: <u>4/16/2014</u>

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

RECEIVED

3. Date Received:

4. Applicant Identifier:

APR 21 2014

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: Clearlake Oaks CO Water District

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6050430

*c. Organizational DUNS:
03-8280053

d. Address:

*Street 1: 12952 E. Highway 20
Street 2: _____
*City: California
County: Lake
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code 95423

e. Organizational Unit:

Department Name:
Finance Department

Division Name:

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

Prefix: Ms. *First Name: Lorie
Middle Name: Ann
*Last Name: Adams
Suffix: _____

Title: Principal

Organizational Affiliation:
Consultant - Adams Ashby Group

*Telephone Number: 916-449-3944

Fax Number: 916-449-3934

*Email: ladams@adamsashbygroup.com

Application for Federal Assistance SF-424

Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

Water and Waste Disposal System for Rural Communities _____

CFDA Title:

10-760 _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Clearlake Oaks Water District Limits

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

Clearlake Oaks Waste Water Facilities Improvement Project

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 5	*b. Program/Project: 5	
17. Proposed Project:		
*a. Start Date: 1/04/2016	*b. End Date: 12/20/2016	
18. Estimated Funding (\$):		
*a. Federal	_____	4,203,951
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	4,203,951
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>4/18/2014</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.	_____	*First Name: Matt _____
Middle Name: James	_____	
*Last Name: Bassett	_____	
Suffix: _____		
*Title: General Manager		
*Telephone Number: (707) 998-3322	Fax Number: (707) 998-1245	
* Email: m.bassett@clocwd.org		
*Signature of Authorized Representative: 		*Date Signed: 4/16/2014

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: Repair Existing North Well	RECEIVED
--	---	-----------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: APR 21 2014
--	---

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

8. APPLICANT INFORMATION:

* a. Legal Name: Poplar Community Service District	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2801490	* c. Organizational DUNS: 827575861

d. Address:	
* Street 1:	14656 Road 192
Street 2:	_____
* City:	Poplar
County/Parish:	Tulare
* State:	CA
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93257

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: James
Middle Name: A.	
* Last Name: Blair	
Suffix:	_____
Title: Civil Engineer	
Organizational Affiliation: _____	
* Telephone Number: (559) 732-7938	Fax Number: _____
* Email: kelweg1@aol.com	

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Special District Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

10.763

* Title:

Emergency Community Water Assistance Grant

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

Repair existing well

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

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

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

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

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

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

Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. Type of Application: <input 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: EAICWAG WATER SUPPLY			
5a. Federal Entity Identifier: _____			* 5b. Federal Award Identifier: _____		
RECEIVED APR 21 2014 STATE CLEARINGHOUSE					
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
8. APPLICANT INFORMATION:					
* a. Legal Name: STRATHMORE PUBLIC UTILITY DISTRICT					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003599			* c. Organizational DUNS: 87223715		
d. Address:					
* Street 1: 19626 ORANGE BELT DRIVE					
Street 2: _____					
* City: STRATHMORE					
County/Parish: TULARE					
* State: CA					
Province: _____					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 93267					
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: JAMES			
Middle Name: H.		_____			
* Last Name: WEGLEY		_____			
Suffix: _____		_____			
Title: CONSULTING CIVIL ENGINEER					
Organizational Affiliation: KELLER/WEGLEY CONSULTING ENGINEERS					
* Telephone Number: (559) 732-7938		Fax Number: (559) 732-7937			
* Email: KELWEG@AOL.COM					

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

SPECIAL DISTRICT GOVERNMENT

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

UNITED STATES DEPARTMENT OF AGRICULTURE, RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT

*** 12. Funding Opportunity Number:**

105163

* Title:

EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

EAICWAG WATER SUPPLY: Purchase of 53.4 acre-feet at a higher drought condition price.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$23,500,000"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$23,500,000"/>

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

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

Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

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

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

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

8. APPLICANT INFORMATION:	APR 21 2014
* a. Legal Name: Public Health Institute	STATE CLEARING HOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1646278	* c. Organizational DUNS: 128663390000
--	--

d. Address:	
* Street1:	555 12th Street, 10th Floor
Street2:	_____
* City:	Oakland
County/Parish:	Alameda
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94607-4046

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: Tamar
Middle Name: _____	
* Last Name: Dorfman	
Suffix: _____	
Title: Chief Financial Officer	
Organizational Affiliation: _____	
* Telephone Number: 510-285-5655	Fax Number: 510-285-5501
* Email: tdorfman@phi.org	

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities
Relating to the Clean Air Act

*** 12. Funding Opportunity Number:**

EPA-OAR-ORIA-14-03

* Title:

National Indoor Environments Program: Reducing Public Exposure to Indoor Pollutants

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:**

Incorporating Environmental Management of Asthma into School-Based Health Centers across the
Nation

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="600,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="600,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

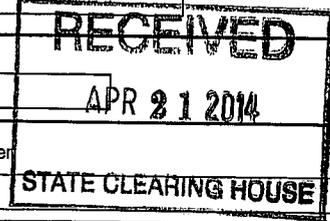
* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:



5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Southwest Wetlands Interpretive Association

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

95-3488027

* c. Organizational DUNS:

0275365360000

d. Address:

* Street1:

700 Seacoast Drive, #108

Street2:

* City:

Imperial Beach

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91932-1842

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:

Debra

Middle Name:

* Last Name:

Carey

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

619-575-0550

Fax Number:

* Email:

swia_dcarey@att.net

Application for Federal Assistance SF-424

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

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

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

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

* Other (specify):
[Empty field]

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:
Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2014-2004038

* Title:
FY2014 National Estuarine Research Reserve Operations July 1 Start Dates

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

[Empty field]

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Operations grant for the Tijuana River National Estuarine Research Reserve

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="153,149.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="153,149.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="306,298.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

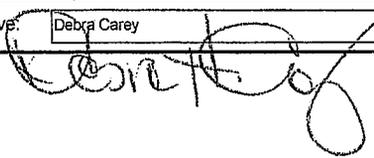
Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:



Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

• Other (Specify)

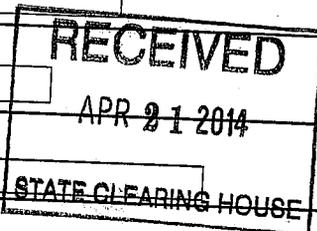
* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Southern Coachella Valley Community Services District

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

*****5101 330 235101

* c. Organizational DUNS:

932976798

d. Address:

* Street 1:

91260 Avenue 66

Street 2:

* City:

Mecca

County/Parish:

Riverside

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92254

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

Ben

Middle Name:

* Last Name:

Crowson

Suffix:

Title:

General Manager

Organizational Affiliation:

* Telephone Number:

(760) 396-1014

Fax Number:

* Email:

crowsonmgt@aol.com

Application for Federal Assistance SF-424

9. Type of Applicant¹ - Select Applicant Type:

Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Southern Coachella Valley

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Three police patrol bicycles

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-45**

* b. Program/Project **CA-45**

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: **12-01-2013**

* b. End Date: **10-01-2014**

18. Estimated Funding (\$):

* a. Federal	\$3,660.88
* b. Applicant	\$1,220.29
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$4,881.17

*** 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 **12-04-2013**.
- 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

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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:

 **12/18/13**

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

* Title: **General Manager**

* Telephone Number: **(760) 329-2813** Fax Number:

* Email: **crowsonmgt@aol.com**

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

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

Application for Federal Assistance SF-424

* 1. Type of Submission:

Preapplication

Application

Changed/Corrected Application

* 2. Type of Application:

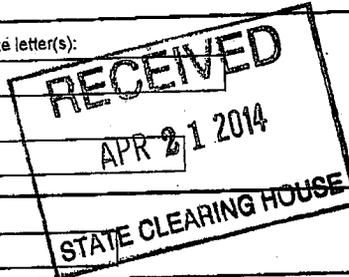
New

Continuation

Revision

* If Revision, select appropriate letter(s):

* Other (Specify):



* 3. Date Received:

4. Applicant Identifier:

8CA14100

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: 8CA14100

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Forestry & Fire Protection

* b. Employer/Taxpayer Identification Number (EIN/TIN):
68-0306069

* c. Organizational DUNS:
792358095

d. Address:

* Street1: 1416 Ninth Street

Street2: P.O. Box 944246

* City: Sacramento

County: Sacramento

* State: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 94244-2460

e. Organizational Unit:

Department Name:
California Department of Forestry & Fire Protection

Division Name:
Resource Management

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

Prefix: Ms. * First Name: Stella

Middle Name: _____

* Last Name: Chan

Suffix: _____

Title: Federal Grants Manager

Organizational Affiliation:

* Telephone Number: 916-653-7811

Fax Number: 916-653-8957

* Email: stella.chan@fire.ca.gov

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:**

United States Department of Agriculture, U.S. Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.675

CFDA Title:

Urban & Community Forestry

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

California Statewide

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

Urban & Community Forestry (U&CF)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-6

* b. Program/Project CA-ALL

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

17. Proposed Project:

* a. Start Date: 7/1/2014

* b. End Date: 6/30/16

18. Estimated Funding (\$):

* a. Federal 880,000

* b. Applicant

* c. State 801,000

* d. Local 89,000

* e. Other

* f. Program Income

* g. TOTAL 1,780,000

* 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 4/22/2014
- 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: Mr. * First Name: Duane
 Middle Name:
 * Last Name: Shintaku
 Suffix:

* Title: Deputy Director For Resource Management

* Telephone Number: 916 653-4298 Fax Number:

* Email: duane.shintaku@fire.ca.gov

* Signature of Authorized Representative: *Duane Shintaku* * Date Signed: 4/22/14

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

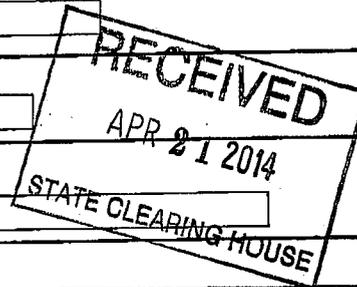
* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

4. Applicant Identifier:

BCA14101



5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State: 04/04/2014

7. State Application Identifier: BCA14101

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Forestry & Fire Protection

* b. Employer/Taxpayer Identification Number (EIN/TIN):
68-0306069

* c. Organizational DUNS:
792358095

d. Address:

* Street1: 1416 Ninth Street
 Street2: P.O. Box 944246
 * City: Sacramento
 County: Sacramento
 * State: California
 Province: _____
 * Country: USA: UNITED STATES
 * Zip / Postal Code: 94244-2460

e. Organizational Unit:

Department Name: California Department of Forestry & Fire Protection

Division Name: Resource Management

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

Prefix: Ms. * First Name: Stella
 Middle Name: _____
 * Last Name: Chan
 Suffix: _____

Title: Federal Grants Manager

Organizational Affiliation: _____

* Telephone Number: 916-653-7811 Fax Number: 916-653-8957

* Email: stella.chan@fire.ca.gov

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:**

United States Department of Agriculture, U.S. Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.680

CFDA Title:

Cooperative Lands Forest Health Protection

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

California Statewide

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

Cooperative Lands Forest Health Protection (FHP)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-8

* b. Program/Project CA-ALL

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

17. Proposed Project:

* a. Start Date: 7/1/14

* b. End Date: 12/31/15

18. Estimated Funding (\$):

- * a. Federal 150,000.00
- * b. Applicant
- * c. State 150,000.00
- * d. Local
- * e. Other
- * f. Program Income
- * g. TOTAL 300,000.00

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 4/22/2014
- 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: Mr. * First Name: Duane
 Middle Name:
 * Last Name: Shintaku
 Suffix:

* Title: Deputy Director For Resource Management

* Telephone Number: 916 653-4298 Fax Number:

* Email: duane.shintaku@fire.ca.gov

* Signature of Authorized Representative: *Duane Shintaku* * Date Signed: 4/22/14

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:**

4. Applicant Identifier:

BCA14103

5a. Federal Entity Identifier:

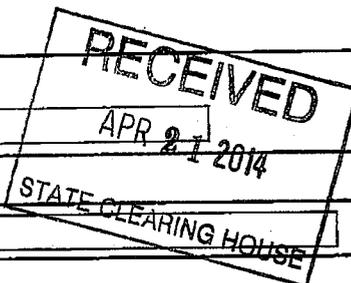
*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

BCA14103



8. APPLICANT INFORMATION:

*** a. Legal Name:** California Department of Forestry & Fire Protection

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

68-0306069

*** c. Organizational DUNS:**

792358095

d. Address:

*** Street1:** 1416 Ninth Street

Street2: P.O. Box 944246

*** City:** Sacramento

County: Sacramento

*** State:** California

Province: _____

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 94244-2460

e. Organizational Unit:

Department Name:
California Department of Forestry & Fire Protection

Division Name:
Resource Management

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

Prefix: Ms. *** First Name:** Stella

Middle Name: _____

*** Last Name:** Chan

Suffix: _____

Title: Federal Grants Manager

Organizational Affiliation:

*** Telephone Number:** 916-653-7811

Fax Number: 916-653-8957

*** Email:** stella.chan@fire.ca.gov

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:**

United States Department of Agriculture, U.S. Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.678

CFDA Title:

Forest Stewardship

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

California Statewide

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

Forest Stewardship

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-6

* b. Program/Project

CA-ALL

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

17. Proposed Project:

* a. Start Date: 7/1/14

* b. End Date: 6/30/17

18. Estimated Funding (\$):

- * a. Federal 200,000
- * b. Applicant
- * c. State 200,000
- * d. Local
- * e. Other
- * f. Program Income
- * g. TOTAL 400,000

*** 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 4/22/2014
- 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: Mr. * First Name: Duane

Middle Name:

* Last Name: Shintaku

Suffix:

* Title: Deputy Director For Resource Management

* Telephone Number: 916 653-4298 Fax Number:

* Email: duane.shintaku@fire.ca.gov

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

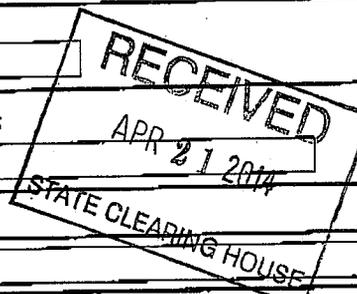
*** 3. Date Received:**

4. Applicant Identifier:

State Coastal Conservancy

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 Coastal Conservancy

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

94-3164968

*** c. Organizational DUNS:**

8083224080000

d. Address:

*** Street1:**

1330 Broadway, 13th Floor

Street2:

*** City:**

Oakland

County:

Alameda

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94702

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:**

Brenda

Middle Name:

*** Last Name:**

Buxton

Suffix:

Title:

Project Manager

Organizational Affiliation:

State Coastal Conservancy

*** Telephone Number:**

510-286-0753

Fax Number:

510-286-0470

*** Email:**

bbuxton@scc.ca.gov

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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.126

CFDA Title:

San Francisco Bay Water Quality Improvement Fund

*** 12. Funding Opportunity Number:**

EPA-R9-WTR3-14-01

* Title:

San Francisco Bay Water Quality Improvement Fund (FY2014 Funds)

13. Competition Identification Number:

Title:

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

Ravenswood Ponds R4, R3, S5, R5, Menlo Park, San Mateo County

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

SBSPR Project Phase II Ravenswood Ponds: construction of tidal restoration & habitat improvement of 325 acres

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant **9**

* b. Program/Project **14**

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

17. Proposed Project:

* a. Start Date: **6/1/2016**

* b. End Date: **6/1/2018**

18. Estimated Funding (\$):

* a. Federal **910,652**

* b. Applicant **910652**

* c. State

* d. Local **172,500**

* e. Other

* f. Program Income

* g. TOTAL **1,993,304**

*** 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 **4/22/2014**

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: **Mr.** * First Name: **Samuel**

Middle Name:

* Last Name: **Schuchat**

Suffix:

* Title: **Executive Officer**

* Telephone Number: **510-286-1015**

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

* Email: **sschuchat@scc.ca.gov**

* Signature of Authorized Representative:

* Date Signed: **4/22/2014**

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

Version 02

Application for Federal Assistance SF-424

RECEIVED

APR 21 2014

STATE CLEARING HOUSE

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty field]

* Other (Specify)

[Empty field]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

* 5b. Federal Award Identifier:

F14AS00033

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

G1498012

B. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9TH STREET

* Street2:

[Empty field]

* City:

SACRAMENTO

County:

[Empty field]

* State:

CA: California

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

[Empty field]

* First Name:

STEVE

Middle Name:

[Empty field]

* Last Name:

WONG

Suffix:

[Empty field]

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

[Empty field]

* Telephone Number:

916-445-3694

Fax Number:

[Empty field]

* Email:

STEVE.WONG@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
A: State Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Fish and Wildlife Service	
11. Catalog of Federal Domestic Assistance Number:	
15.605	
CFDA Title:	
Sport Fish Restoration Program	
* 12. Funding Opportunity Number:	
F14AS00033	
* Title:	
R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
STATEWIDE	
* 15. Descriptive Title of Applicant's Project:	
MANAGEMENT OF MARINE SPORTFISH UNDER FEDERAL OR MIXED JURISDICTION	
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

* 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="549,942.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="183,314.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="733,256.00"/>

* 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:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Praapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Redacted]

* Other (Specify):

[Redacted]

RECEIVED

APR 21 2014

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Redacted]

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

[Redacted]

* 5b. Federal Award Identifier:

F14AS00033

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

G1498048

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

B083223580000

d. Address:

* Street1:

1831 9TH STREET

Street2:

[Redacted]

* City:

SACRAMENTO

County:

[Redacted]

* State:

CA: California

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

[Redacted]

Division Name:

[Redacted]

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

Prefix:

[Redacted]

* First Name:

PETE

Middle Name:

[Redacted]

* Last Name:

MARCELLANA

Suffix:

[Redacted]

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

[Redacted]

* Telephone Number:

916-445-4658

Fax Number:

[Redacted]

* Email:

PETE.MARCELLANA@WILDLIFE.CA.GOV

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14A900033

*** Title:**

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

13. Competition Identification Number:

Title:

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

Trinity and Siskiyou counties.

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

RESOURCE ASSESSMENT AND DEVELOPMENT OF AQUATIC BIODIVERSITY MANAGEMENT PLANS IN THE MARBLE MOUNTAIN WILDERNESS AND TRINITY ALPS WILDERNESS AREAS (NORTHERN REGION)

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

* 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="142,794.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="47,598.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="190,392.00"/>

* 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
- 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:

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

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):

[Empty box]

* Other (Specify)

[Empty box]

RECEIVED

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

APR 21 2014

5a. Federal Entity Identifier:

[Empty box]

* 5b. Federal Award Identifier:

F14AS00033

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

G1498023

B. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9TH STREET

Street2:

[Empty box]

* City:

SACRAMENTO

County:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

[Empty box]

Division Name:

[Empty box]

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

Prefix:

[Empty box]

* First Name:

PETE

Middle Name:

[Empty box]

* Last Name:

MARCELLANA

Suffix:

[Empty box]

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

[Empty box]

* Telephone Number:

916-445-4658

Fax Number:

[Empty box]

* Email:

PETE.MARCELLANA@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14A900033

* Title:

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

13. Competition Identification Number:

Title:

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

Humboldt County

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

HUMBOLDT BAY JUVENILE SALMONID INVESTIGATIONS

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-005

* b. Program/Project CA-01

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

Empty box for additional list of Program/Project Congressional Districts.

17. Proposed Project:

* a. Start Date: 07/01/2014

* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	140,815.00
* b. Applicant	0.00
* c. State	46,938.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	187,753.00

* 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 02/19/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: LISA

* 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:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

C
* Other (Specify)

*** 3. Date Received:**

4. Applicant Identifier:

California Department of Food and Agriculture

RECEIVED

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

13-8506-1499-CA

APR 22 2014

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:**

1220 N Street

Street2:

Room 325

*** City:**

Sacramento

County:

Sacramento

*** State:**

CA

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

*** First Name:**

Susan

Middle Name:

*** Last Name:**

Sawyer

Suffix:

Title:

Staff Environmental Scientist

Organizational Affiliation:

California Department of Food and Agriculture

*** Telephone Number:**

(916) 403-6660

Fax Number:

(916) 654-0986

*** Email:**

susan.sawyer@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

The states of California, Oregon, Washington and Idaho

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

Regional Strategic Systems for Early Detection of Invasive Species

Attach supporting documents as specified in agency instructions.

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.

OR-all, WA-all, ID-all

17. Proposed Project:

* a. Start Date: 8/1/2013

* b. End Date: 7/31/15

18. Estimated Funding (\$):

- * a. Federal \$216,194
- * b. Applicant
- * c. State
- * d. Local
- * e. Other
- * f. Program Income
- * g. TOTAL \$216,194

*** 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 6/14/2013
- 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.) 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: * First Name: Crystal
Middle Name:
* Last Name: Myers
Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number: (916) 653-0206

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

* Signature of Authorized Representative: *Crystal Myers* * Date Signed: 4/16/14

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:

11-024

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APR 22 2014

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State Water Resources Control Board

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

68-0281986

*** c. Organizational DUNS:**

808321913

d. Address:

*** Street1:**

1001 I Street

Street2:

*** City:**

Sacramento

County:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814

e. Organizational Unit:

Department Name:

State Water Resources Control Board

Division Name:

Division of Water Quality

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

Prefix:

Mr.

*** First Name:**

Kevin

Middle Name:

*** Last Name:**

Graves

Suffix:

Title:

Supervisory Water Resources Control Engineer/Program Manager

Organizational Affiliation:

*** Telephone Number:**

916-341-5782

Fax Number:

916-341-5808

*** Email:**

Kgraves@waterboards.ca.gov

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:**

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.805

CFDA Title:

Leaking Underground Storage Tank Trust Fund Corrective Action Program

*** 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:**

Continued development and implementation of effective regulatory programs for the prevention, detection, and corrective actions against releases from leaking UST (underground storage tank) systems containing petroleum or hazardous substances regulated under the Resources Conservation and Recovery Act (RCRA) Subtitle I.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-5

* b. Program/Project California - All

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

17. Proposed Project:

* a. Start Date: 7/1/14

* b. End Date: 6/30/19

18. Estimated Funding (\$):

* a. Federal 18,500,000

* b. Applicant

* c. State 3,185,792

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 21,685,792

*** 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 May 30, 2014

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: Ms.

* First Name: Caren

Middle Name:

* Last Name: Trgovcich

Suffix:

* Title: Chief Deputy Director

* Telephone Number: 916-341-5727

Fax Number: 916-341-5621

* Email: ctrgovcich@waterboards.ca.gov

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: 04/22/2014	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

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

RECEIVED

APR 23 2014

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

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Santa Barbara Museum of Natural History	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1643378	* c. Organizational DUNS: 0795948830000

d. Address:

* Street1: 2559 Puesta del Sol
Street2: _____
* City: Santa Barbara
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 93105-2936

e. Organizational Unit:

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

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

Prefix: Ms.	* First Name: Rebecca
Middle Name: _____	
* Last Name: Summers	
Suffix: _____	
Title: Development Officer	
Organizational Affiliation: _____	
* Telephone Number: 805-682-4711	Fax Number: _____
* Email: rsummers@sbnature2.org	

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NOS-ORR-2014-2003929

* Title:

FY2014 NOAA Marine Debris Prevention through Education and Outreach

13. Competition Identification Number:

2456859

Title:

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

Geographic Focus Marine Debris 2013.docx

Add Attachment

Delete Attachment

View Attachment

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

Component A: Marine Debris the Ocean and Me; Component B: The Quasar to Sea Stars Classroom Education Outreach; Component C: Marine Debris Community Outreach

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="37,500.00"/>
* b. Applicant	<input type="text" value="37,511.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="75,011.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty field]

* Other (Specify):

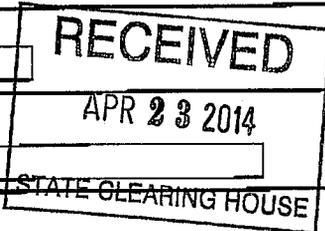
[Empty field]

* 3. Date Received:

04/23/2014

4. Applicant Identifier:

[Empty field]



5a. Federal Entity Identifier:

[Empty field]

5b. Federal Award Identifier:

[Empty field]

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

* a. Legal Name:

CSU, Chico Research Foundation

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

68-0386518

* c. Organizational DUNS:

6121771620000

d. Address:

* Street1:

Building 25, CSU Chico

Street2:

[Empty field]

* City:

Chico

County/Parish:

Buete

* State:

CA: California

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95929-0870

e. Organizational Unit:

Department Name:

Center for Economic Developmen

Division Name:

[Empty field]

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

Prefix:

Ms.

* First Name:

Carol

Middle Name:

[Empty field]

* Last Name:

Sager

Suffix:

[Empty field]

Title:

Director, Research & Sponsored Programs

Organizational Affiliation:

[Empty field]

* Telephone Number:

530-898-5700

Fax Number:

530-898-6804

* Email:

casager@csuchico.edu

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-001

* b. Program/Project CA-001

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

program_project_congressional_districts.pdf

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014

* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	50,000.00
* b. Applicant	50,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	100,000.00

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

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

04/22/2014

 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:

Ms.

* First Name:

Carol

Middle Name:

* Last Name:

Sager

Suffix:

* Title:

Director, Research & Sponsored Programs

* Telephone Number:

530-898-5700

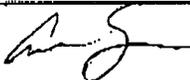
Fax Number:

530-898-6804

* Email:

casager@csuchi.co.edu

* Signature of Authorized Representative:



* Date Signed:

04/22/2014

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: 02/03/2014	4. Applicant Identifier: 06-01759
--	---

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

State Use Only:

6. Date Received by State: 02/03/2014	7. State Application Identifier: 06-01759
--	--

8. APPLICANT INFORMATION:

*** a. Legal Name:** California - Department of Parks and Recreation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-303606	* c. Organizational DUNS: 1720708070000
---	---

d. Address:

* Street1:	P.O. Box 942896
Street2:	
* City:	Sacramento
County/Parish:	Sacramento
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94296-0001

e. Organizational Unit:

Department Name: California Department of Parks	Division Name: Office of Grants & Local Svcs
---	--

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

Prefix: Mr.	* First Name: Viktor
Middle Name:	
* Last Name: Patino	
Suffix:	

Title: Manager, Office of Grants and Local Services

Organizational Affiliation:

* Telephone Number: 916-651-8598	Fax Number: 916-653-6511
---	---------------------------------

*** Email:** Viktor.Patino@parks.ca.gov

RECEIVED
APR 23 2014
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

A: State Government

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

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

* Other (specify):
[Empty field]

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

US Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15-916

CFDA Title:
Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

06-01759

* Title:
Lake Del Valle Campground Restrooms

13. Competition Identification Number:

[Empty field]
Title:
[Empty field]

14. Areas Affected by Project (Cities, Counties, States, etc.): 06-222244

GNIS Detail - Lake Del Valle State Recreati

Add Attachment

Delete Attachment

View Attachment

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

Lake Del Valle Campground Restrooms and ADA Pathways.

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="516,129.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="54,194.00"/>
* d. Local	<input type="text" value="720,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,290,323.00"/>

*** 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.

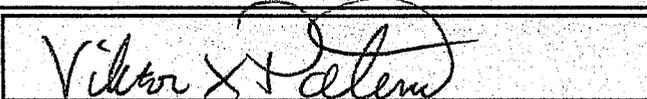
Authorized Representative:

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:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

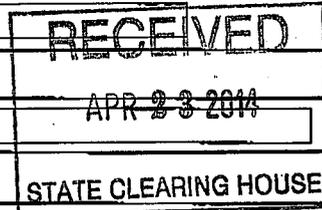
* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1498006



8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9TH STREET

Street2:

* City:

SACRAMENTO

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

95811-7011

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

* First Name:

STEVE

Middle Name:

* Last Name:

WONG

Suffix:

Title:

Grant Administrator

Organizational Affiliation:

* Telephone Number:

916-445-3525

Fax Number:

* Email:

KHANH.NGUYEN@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F14AS00033

* Title:

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

13. Competition Identification Number:

Title:

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

El Dorado, Nevada, Placer, Plumas, Sierra and Yuba Counties

* 16. Descriptive Title of Applicant's Project:

TECHNICAL GUIDANCE FOR INLAND TROUT FISHERIES ENHANCEMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-006	* b. Program/Project CA-a11
Attach an additional list of Program/Project Congressional Districts if needed.		
	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
	<input type="button" value="View Attachment"/>	
17. Proposed Project:		
* a. Start Date:	07/01/2014	* b. End Date: 06/30/2015
18. Estimated Funding (\$):		
* a. Federal	129,464.00	
* b. Applicant	0.00	
* c. State	43,155.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	172,619.00	
* 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		04/22/2014
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="button" value="Explanation"/>
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p><input checked="" type="checkbox"/> - I AGREE</p> <p>** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative:		
Prefix:		* First Name: Lisa
Middle Name:		
* Last Name:	Bays	
Suffix:		
* Title:	SSMI	
* 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

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <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: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: F14A800033
State Use Only:		RECEIVED APR 23 2014 STATE CLEARING HOUSE
6. Date Received by State: <input type="text"/>		7. State Application Identifier: G1498039
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567		* c. Organizational DUNS: 0083223580000
d. Address:		
* Street1: 1831 9TH STREET		
Street2: <input type="text"/>		
* City: SACRAMENTO		
County: <input type="text"/>		
* State: CA: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95811-7011		
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>		* First Name: PETE
Middle Name: <input type="text"/>		
* Last Name: MARCELLANA		
Suffix: <input type="text"/>		
Title: GRANTS ADMINISTRATOR		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 916-445-4658		Fax Number: <input type="text"/>
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* 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.):

San Joaquin, Merced, Tuolumne, and Stanislaus Counties

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

SAN JOAQUIN RIVER SALMON AND WATER QUALITY MODELING SUPPORT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="201,406.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="67,135.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="268,541.00"/>

*** 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:

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

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

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

Application for Federal Assistance SF-424 Version 02

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

<p>* 3. Date Received:</p> <p>Completed by Grants.gov upon submission.</p>	<p>4. Applicant Identifier:</p> <p>Foresight Renewable Solutions</p>
---	---

<p>5a. Federal Entity Identifier:</p> <p>Department of Energy</p>	<p>* 5b. Federal Award Identifier:</p> <p>DE-FOA-0000997</p>
--	---

RECEIVED

State Use Only:

<p>6. Date Received by State:</p> <p>_____</p>	<p>7. State Application Identifier:</p> <p>_____</p>
---	---

APR 24 2014

8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

<p>* a. Legal Name: Foresight Renewable Solutions, LLC</p>	
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p>45-5343454</p>	<p>* c. Organizational DUNS:</p> <p>078483449</p>

d. Address:

* Street1:	657 Mission St. Suite 504
Street2:	_____
* City:	San Francisco
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94105

e. Organizational Unit:

<p>Department Name:</p> <p>_____</p>	<p>Division Name:</p> <p>_____</p>
---	---

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

<p>Prefix: Mr.</p>	<p>* First Name: Carlos</p>
<p>Middle Name: Vicente</p>	
<p>* Last Name: Pineda</p>	
<p>Suffix:</p> <p>_____</p>	
<p>Title: CEO</p>	

Organizational Affiliation:

<p>* Telephone Number: 415-495-0700 ext. 205</p>	<p>Fax Number: 415-495-0727</p>
<p>* Email: cpineda@fr-sol.com</p>	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

National Energy Technology Laboratory

11. Catalog of Federal Domestic Assistance Number:

81.122

CFDA Title:

Electricity Delivery and Energy Reliability, Research, Development and Analysis

*** 12. Funding Opportunity Number:**

DE-FOA-0000997

*** Title:**

Microgrid Research, Development, and System Design

13. Competition Identification Number:

Title:

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

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

BUILDING AN INTERNET OF ENERGY: RESEARCH, DESIGN, AND TESTING OF A SCALABLE COMMERCIAL MICROGRIDS CONTROLLER AND UTILITY MICROGRID NETWORKS

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA 12"/>	* b. Program/Project <input type="text" value="CO 7"/>
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="10/01/2014"/>	* b. End Date: <input type="text" value="09/30/2016"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="1,195,000.00"/>	
* b. Applicant	<input type="text" value="257,000.00"/>	
* c. State	<input type="text" value="60,000.00"/>	
* d. Local	<input type="text" value="11,250.00"/>	
* e. Other	<input type="text" value="62,400.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="1,585,650.00"/>	
* 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="04/24/2014"/>
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Carlos"/>
Middle Name:	<input type="text" value="Vicente"/>	
* Last Name:	<input type="text" value="Pineda"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="CEO"/>	
* Telephone Number:	<input type="text" value="415-495-0700 ext. 205"/>	Fax Number: <input type="text" value="415-495-0727"/>
* Email:	<input type="text" value="cpineda@fr-sol.com"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: <input type="text"/>		* (If Revision, select appropriate letter(s)) <input type="text"/> * Other (Specify) <input type="text"/>
4. Applicant Identifier: <input type="text"/>		
6a. Federal Entity Identifier: <input type="text"/>		* 6b. Federal Award Identifier: <input type="text"/>
State Use Only:		
8. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Tehachapi Valley Healthcare District"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-2563734"/>		* c. Organizational DUNS: <input type="text" value="07-191-3305"/>
d. Address:		
* Street 1: <input type="text" value="115 West E Street"/>		
Street 2: <input type="text"/>		
* City: <input type="text" value="Tehachapi"/>		
County: <input type="text"/>		
* State: <input type="text" value="California"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input type="text" value="93561"/>		
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>		* First Name: <input type="text" value="Evan"/>
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Rayner"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Chief Executive Officer"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(661) 823-3000"/>		Fax Number: <input type="text" value="(661) 823-3082"/>
* Email: <input type="text" value="erayner@tvhd.org"/>		

RECEIVED
 APR 24 2014
 STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424	Version 02
8. Type of Applicant 1 - Select Applicant Type:	
Healthcare District	
Type of Applicant 2 - Select Applicant Type:	
Type of Applicant 3 - Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
NGMS Agency USDA Rural Development	
11. Catalog of Federal Domestic Assistance Number:	
10,766	
CFDA Title:	
Community Facilities Loan Program	
* 12. Funding Opportunity Number:	
MBL-SF424 FAMILY-ALL FORMS	
* Title:	
MBL-SF424 FAMILY-ALL FORMS	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Tehachapi, California	
* 15. Descriptive Title of Applicant's Project:	
New Hospital Construction	
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: 01/31/2008

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="23rd"/>	* b. Program/Project <input type="text" value="23rd"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date	<input type="text" value="3-1-13"/>	* b. End Date: <input type="text" value="12-31-15"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="\$12,941,000"/>	
* b. Applicant	<input type="text" value="\$66,763,000"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text" value="\$6,000,000"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$85,704,000"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications- and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances **and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1601)		
<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="Evan"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Rayner"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Chief Executive Officer"/>	
* Telephone Number:	<input type="text" value="(661) 823-3000"/>	* Fax Number: <input type="text" value="(661) 823-3082"/>
* Email:	<input type="text" value="erayner@tvhd.org"/>	
* Signature of Authorized Representative:		* Date Signed: <input type="text" value="3/17/14"/>

Authorized for Local Reproduction

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

OMB Number: 4040-0034
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

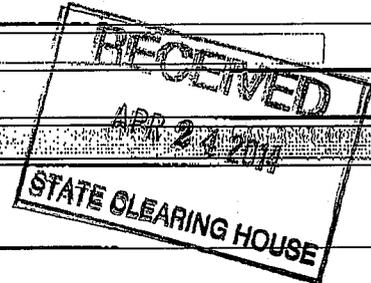
*** Applicant Federal Debt Delinquency Explanation**

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

The District has never been delinquent on any federal debt.

Application for Federal Assistance SF-424

1. Type of Submission: <input checked="" type="checkbox"/> Prerequisite <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ • Other (Specify) _____	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: _____			
5a. Federal Entity Identifier: _____			* 5b. Federal Award Identifier: _____		
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
8. APPLICANT INFORMATION:					
* a. Legal Name: <u>Campdonville Community Service District</u>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>68-0179980</u>			* c. Organizational DUNS: <u>828294319</u>		
d. Address:					
* Street 1: <u>PO BOX 327</u>					
* Street 2: <u>16585 School Street</u>					
* City: <u>Campdonville</u>					
County/Parish: <u>Yuba</u>					
* State: <u>CA</u>					
Province: _____					
* Country: <u>USA: UNITED STATES</u>					
* Zip / Postal Code: <u>95922</u>					
e. Organizational Unit:					
Department Name: <u>Water</u>			Division Name: _____		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <u>MR.</u>		* First Name: <u>Richard</u>			
Middle Name: <u>J</u>		_____			
* Last Name: <u>Dickard</u>		_____			
Suffix: _____		_____			
Title: <u>Trustee Board Member</u>					
Organizational Affiliation: _____					
* Telephone Number: <u>(530) 288-3479</u>		Fax Number: _____			
* Email: <u>dickard@mail.com</u>					



Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Public Body

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:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Camptonville, Yuba, CA

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Water System Improvement 2014

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: [3]

* b. Program/Project: []

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

[]

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: 07-07-2014

* b. End Date: 10-31-2014

18. Estimated Funding (\$):

* a. Federal	\$560,000.00
* b. Applicant	
* c. State	\$500,000.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$1,060,000.00

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

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

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

Yes No

If "Yes, provide explanation and attach.

[]

Add Attachments

Delete Attachments

View Attachments

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: MRS

* First Name: Rita

Middle Name: []

* Last Name: Ortega

Suffix: []

* Title: Board President

* Telephone Number: (830) 289-3479

Fax Number: []

* Email: []

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

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New		Increase award and duration	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision		Increase award and duration	
*3. Date Received:		4. Application Identifier: CA-90-Y416-03			
5a. Federal Entity Identifier: 1685			*5b. Federal Award Identifier:		
RECEIVED					
State Use Only:					
6. Date Received by State:			7. State Application Identifier: APR 24 2014		
8. APPLICANT INFORMATION:					
* a. Legal Name: City of Redondo Beach					
STATE CLEARING HOUSE					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000767			*c. Organizational DUNS: 074151986		
d. Address:					
*Street1: 415 Diamond Street					
Street 2:					
*City: Redondo Beach					
County: Los Angeles County					
*State: California					
Province:					
Country: USA					
*Zip/ Postal Code: 90277					
e. Organizational Unit:					
Department Name: Community Services Department			Division Name: Transit Division		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		First Name: Joyce			
Middle Name:					
*Last Name: Rooney					
Suffix:					
Title: Transit Operations and Transportation Facilities Manager					
Organizational Affiliation: Municipal local government					
*Telephone Number: (310) 318-0610, ext. 2670			Fax Number: (310) 798-8273		
*Email: joyce.rooney@redondo.org					

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit - Formula Grants

*12. Funding Opportunity Number:

20.507 Federal Transit Formula Grant

*Title:

Bus Bench and Shelter Replacement Project Phase 2

13. Competition Identification Number:

Title:

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

City of Redondo Beach, in Los Angeles County, California

*15. Descriptive Title of Applicant's Project:

Requesting an increase in FTA Transit Enhancement funding to continue with the City of Redondo Beach's Bus Bench and Shelter Replacement Project Phase 2.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant

36th Congressional District

*b. Program/Project:

36th/ Congressional District

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

37th Congressional District

17. Proposed Project:

*a. Start Date: 6/30/2014

*b. End Date: 6/30/2015

18. Estimated Funding (\$):

*a. Federal

\$1,575,046.00

*b. Applicant

*c. State

*d. Local

*e. Other

\$515,403.00

*f. Program Income

*g. TOTAL

\$2,090,449.00

***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 4/24/14
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Ms.

*First Name: Joyce

Middle Name:

*Last Name: Rooney

Suffix:

*Title: Transit Operations and Transportation Facilities Manager

*Telephone Number: (310) 318-0610, ext. 2670

Fax Number: (310) 798-8273

*Email: joyce.rooney@redondo.org

*Signature of Authorized Representative: *Joyce Rooney*

Date Signed: 4/24/14

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED April 21, 2014	Applicant Identifier 1671
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Z124
5. APPLICANT INFORMATION			
Legal Name: San Mateo Transit District		Organizational Unit: 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) Rebecca Arthur (650)508-6368	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2325976		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 H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507 TITLE: FTA Section 5307 Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement of 19 2007 Cutaway Buses ADA Operating Subsidy Advanced Communications System Upgrades	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/12	Ending Date 9/30/15	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	\$ 5,496,956 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/22/14	
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	\$ 653,154 ⁰⁰		
d. Local	\$ 638,056 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 6,788,166 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 April Chan		b. Title Executive Officer, Planning and Deve	c. Telephone Number (650) 508-6228
d. Signature of Authorized Representative		e. Date Signed	

RECEIVED
APR 25 2014
STATE CLEARING HOUSE

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
<small>Completed by Grants.gov upon submission.</small>	<input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>	
20-5069467	9284183050000	
d. Address:		
* Street1: <input type="text"/>	43466 Business Park Drive	
Street2: <input type="text"/>	<input type="text"/>	
* City: <input type="text"/>	Temecula	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: <input type="text"/>	CA: California	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text"/>	USA: UNITED STATES	
* Zip / Postal Code: <input type="text"/>	92590-5526	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
<input type="text"/>	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Luz
Middle Name: <input type="text"/>	Marie	
* Last Name: <input type="text"/>	Casquejo, Johnston	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
951-203-8892	<input type="text"/>	
* Email: <input type="text"/>		
luz.johnston@riverspringscharter.org		

RECEIVED
 APR 25 2014
 STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

G: Independent School District

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 Education

11. Catalog of Federal Domestic Assistance Number:

84.351

CFDA Title:
Arts in Education

*** 12. Funding Opportunity Number:**

ED-GRANTS-022514-001

* Title:
Office of Innovation and Improvement (OII): Arts in Education Model Development and Dissemination Program CFDA Number 84.351D

13. Competition Identification Number:

84-351D2014-1

Title:

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

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

ArTS: Dissemination of the DaVinci Academy Arts Integration Model

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	49
* b. Program/Project	49
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:	07/21/2014
* b. End Date:	07/30/2018
18. Estimated Funding (\$):	
* a. Federal	795,261.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	795,261.00
* 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	04/28/2014
<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:	Dr.
* First Name:	Luz
Middle Name:	
* Last Name:	Casquejo Johnston
Suffix:	
* Title:	Site Director, Lake Elsinore and Murrieta
* Telephone Number:	951-203-8892
Fax Number:	
* Email:	luz.johnston@riverspringscharter.org
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424		Version 02
*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"/> <input type="text"/> *Other (Specify) <input type="text"/>
3. Date Received:		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: B-13-06-0510
State Use Only:		
6. Date Received by State:		7. State Application Identifier: RECEIVED
8. APPLICANT INFORMATION:		APR 25 2014
*a. Legal Name: City of Bakersfield		STATE CLEARING HOUSE
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000672	*c. Organizational DUNS: 02-8514136	
d. Address:		
*Street 1:	1600 Truxtun Avenue	
Street 2:		
*City:	Bakersfield	
County:		
*State:	CA	
Province:		
*Country:	U.S.A.	
*Zip / Postal Code	93301-0000	
e. Organizational Unit:		
Department Name: Community Development		Division Name: Economic Development
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<input type="text"/>	*First Name: Ryan
Middle Name:	<input type="text"/>	
*Last Name:	Bland	
Suffix:	<input type="text"/>	
Title:	Community Development Coordinator	
Organizational Affiliation: <input type="text"/>		
*Telephone Number: (661) 326-3765		Fax Number: <input type="text"/>
*Email: rbland@bakersfieldcity.us		

Application for Federal Assistance SF-424

Version 02

*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:

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant:	21st and 23rd	*b. Program/Project: 21st and 23rd
17. Proposed Project:		
*a. Start Date:	07/01/2014	*b. End Date: 06/30/2015
18. Estimated Funding (\$):		
*a. Federal	\$3,201,247.00	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income	\$7,000.00	
*g. TOTAL	\$3,208,247.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>04/25/2014</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<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:		*First Name: Alan
Middle Name:		
*Last Name:	Tandy	
Suffix:		
*Title:	City Manager	
*Telephone Number:	(661) 326-3765	Fax Number:
*Email:	atandy@bakersfieldcity.us	
*Signature of Authorized Representative:		*Date Signed: 04/29/2014

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

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED April 25, 2014	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: ANTELOPE VALLEY TRANSIT AUTHORITY	Organizational Unit: ANTELOPE VALLEY TRANSIT AUTHORITY
Address (give city, county, State, and zip code): 42210 6TH ST WEST LANCASTER CA 93534	Name and telephone number of person to be contacted on matters involving this application (give area code) JUDY VACCARO-FRY 661-729-2234

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 4 3 7 7 1 1 9	7. TYPE OF APPLICANT: (enter appropriate letter in box) N 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) <u>Joint Powers Auth</u>
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):	9. NAME OF FEDERAL AGENCY: US DOT & FTA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 5 0 7 TITLE: FEDERAL TRANSIT FORMULA GRANT	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replace a total of twenty five (25) 40-ft Diesel transit buses with twenty five (25) all electric, zero emission buses and necessary infrastructure improvements and depot chargers.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): ANTELOPE VALLEY PORTION OF THE NORTHERN LOS ANGELES	RECEIVED

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: 25	APR 25 2014
Start Date 10/1/14	Ending Date 12/30/17	a. Applicant 25
15. ESTIMATED FUNDING:		b. Project STATE CLEARING HOUSE
a. Federal	\$ 21,467,484 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. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$ 3,987,398 ⁰⁰	
c. State	\$ _____ ⁰⁰	
d. Local	\$ _____ ⁰⁰	
e. Other	\$ _____ ⁰⁰	
f. Program Income	\$ _____ ⁰⁰	
g. TOTAL	\$ 25,454,882 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 JUDY VACCARO-FRY	b. Title GRANTS ADMINISTRATOR	c. Telephone Number (661) 729-2234
d. Signature of Authorized Representative <i>Judy Vaccaro Fry</i>		e. Date Signed April 25, 2014

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED

APR 28 2014

STATE CLEARING HOUSE

* 3. Date Received:

04/24/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

F14A600033

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1498015

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9TH STREET

Street2:

* City:

SACRAMENTO

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

a. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

STEVE

Middle Name:

* Last Name:

WONG

Suffix:

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

916-445-3694

Fax Number:

916-327-6320

* Email:

steve.wong@wildlife.ca.gov

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

*** Title:**

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

13. Competition Identification Number:

Title:

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

Santa Barbara, Ventura, Los Angeles, Orange, and San Diego Counties

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

MANAGEMENT OF MARINE SPORT FISH: ESSENTIAL FISHERY INFORMATION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

Review Attachments

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-005"/>	* b. Program/Project <input type="text" value="CA~ALL"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="541,726.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="180,575.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="722,301.00"/>	
* 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="04/23/2014"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="button" value="Explanation"/>		
<p>21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <input checked="" type="checkbox"/> ** I AGREE		
<p>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative:		
Prefix:	<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="04/24/2014"/>

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: E14AS00033
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: G1498040
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: <input type="text"/>		
* State: CA: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95811-7011		
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>		* First Name: PETE
Middle Name: <input type="text"/>		
* Last Name: MARCELLANA		
Suffix: <input type="text"/>		
Title: GRANTS ADMINISTRATOR		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 916-445-4658		Fax Number: <input type="text"/>
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

RECEIVED

APR 28 2014

STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424	Version 02
<p>* 9. Type of Applicant 1: Select Applicant Type:</p> <p>A: State Government</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>* Other (specify):</p>	
<p>* 10. Name of Federal Agency:</p> <p>Fish and Wildlife Service</p>	
<p>11. Catalog of Federal Domestic Assistance Number:</p> <p>15.605</p> <p>CFDA Title:</p> <p>Sport Fish Restoration Program</p>	
<p>* 12. Funding Opportunity Number:</p> <p>F14AS00033</p> <p>* Title:</p> <p>RB (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</p>	
<p>13. Competition Identification Number:</p> <p>Title:</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.):</p> <p>SAN JOAQUIN, STANISLAUS, AND MERCED COUNTIES.</p>	
<p>* 15. Descriptive Title of Applicant's Project:</p> <p>SAN JOAQUIN RIVER BASIN FALL-RUN CHINOOK SALMON TELEMETRY AND PHYSIOLOGY STUDY</p>	
<p>Attach supporting documents as specified in agency instructions.</p> <p> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/> </p>	

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-005"/>	* b. Program/Project <input type="text" value="CA-011"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="155,349.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="51,783.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="207,132.00"/>	
* 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="04/04/2014"/>
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* 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="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Redacted]

* Other (Specify): [Redacted]

RECEIVED

APR 28 2014

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

STATE OF CALIFORNIA

5a. Federal Entity Identifier:

[Redacted]

* 5b. Federal Award Identifier:

F14A900033

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

G1498013

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:

[Redacted]

* City:

SACRAMENTO

County:

[Redacted]

* State:

CA: California.

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

[Redacted]

Division Name:

[Redacted]

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

Prefix:

[Redacted]

* First Name:

STEVE

Middle Name:

[Redacted]

* Last Name:

WONG

Suffix:

[Redacted]

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

[Redacted]

* Telephone Number:

916-445-3694

Fax Number:

916-327-6320

* Email:

steve.wong@wildlife.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

*** Title:**

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

13. Competition Identification Number:

Title:

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

Statewide

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

Management of Marine Sport Fish: California Recreational Fisheries Survey (CRFS)

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,308,306.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="769,435.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,077,741.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424	
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
*2. Type of Application * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____	
RECEIVED	
*3. Date Received:	4. Applicant Identifier: HAF
APR 28 2014	
5a. Federal Entity Identifier: 3-06-0097	*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: County of San Mateo, California	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000532	*c. Organizational DUNS: 073132177
d. Address:	
*Street 1: 620 Airport Way, Suite 10	
Street 2: _____	
*City: San Carlos	
County: _____	
*State: CA	
Province: _____	
*Country: USA	
*Zip / Postal Code: 94070	
e. Organizational Unit:	
Department Name: Department of Public Works	Division Name: Airports Division (Half Moon Bay Airport)
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms	*First Name: Gretchen
Middle Name: _____	
*Last Name: Kelly	
Suffix: _____	
Title: Airports Division Manager	
Organizational Affiliation:	
*Telephone Number: 650-573-3700	Fax Number: 650-728-2014
*Email: gkelly@smcgov.org	

Application for Federal Assistance SF-424

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

B. County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

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:

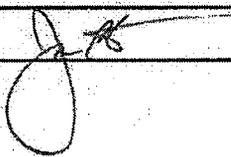
Title:

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

San Mateo County and the State of California

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

1. Taxiway B Culvert Repair (Design)
2. Replacement Windsock (Design)
3. Replacement Fencing at South Perimeter (Design)

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: No. 14	*b. Program/Project: No. 12
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: June 2014	*b. End Date: June 2016
18. Estimated Funding (\$):	
*a. Federal	\$74,154
*b. Applicant	\$4,531
*c. State	\$3,708
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$82,393
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 4/28/14	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E. O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions:	
Authorized Representative:	
Prefix: Mr.	*First Name: James
Middle Name: C.	
*Last Name: Porter	
Suffix:	
*Title: Director of Public Works	
*Telephone Number: 650-599-1421	Fax Number: 650-728-2014
* Email: jporter@smcgov.org	
*Signature of Authorized Representative: 	*Date Signed: 4/23/14

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: _____	
RECEIVED APR 28 2014 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: State Water Resources Control Board		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281986	* c. Organizational DUNS: 808321913	
d. Address:		
* Street1: 1001 I Street	Street2: _____	
* City: Sacramento	County: _____	
* State: California	Province: _____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: 95814	_____	
e. Organizational Unit:		
Department Name: State Water Resources Control Board	Division Name: Division of Water Quality	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Steve	
Middle Name: _____	_____	
* Last Name: Fagundes	_____	
Suffix: _____	_____	
Title: Chief, NPS Program Implementation Unit		
Organizational Affiliation: _____		
* Telephone Number: 916-341-5487	Fax Number: 916-341-5808	
* Email: steve.fagundes@waterboards.ca.gov		

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:**

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.460

CFDA Title:

Nonpoint Source Implementation Grants

*** 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:**

The Implementation and coordination of activities and projects related to the Clear Water Act, Section 319(h) for funding non-point source management projects.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-5

* b. Program/Project California - All

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

17. Proposed Project:

* a. Start Date: 7/1/14

* b. End Date: 6/30/19

18. Estimated Funding (\$):

* a. Federal \$8,107,000

* b. Applicant

* c. State 5,688,566

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 13,795,566

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

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

April 29, 2014

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:

Ms.

* First Name:

Caren

Middle Name:

* Last Name:

Trgovcich

Suffix:

* Title:

Chief Deputy Director

* Telephone Number:

916-341-5727

Fax Number:

916-341-5621

* Email:

ctrgovcich@waterboards.ca.gov

* Signature of Authorized Representative:

* Date Signed:

4/30/14

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: 1018-1570
-------------------	---------------------------------------

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

State Use Only:	RECEIVED
-----------------	----------

6. Date Received by State:	7. State Application Identifier:	APR 29 2014
----------------------------	----------------------------------	-------------

8. APPLICANT INFORMATION:

*a. Legal Name: Enki Technology, Inc.	STATE CLEARING HOUSE
---------------------------------------	----------------------

*b. Employer/Taxpayer Identification Number (EIN/TIN): 26-4225216	*c. Organizational DUNS: 056160826
--	---------------------------------------

d. Address:

*Street 1: 2192 Bering Drive

Street 2: _____

*City: San Jose

County: Santa Clara

*State: CA

Province: _____

*Country: US

*Zip / Postal Code 95131

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: Brenor

Middle Name: _____

*Last Name: Brophy

Suffix: _____

Title: CTO

Organizational Affiliation:
Enki Technology, Inc.

*Telephone Number: 408-823-6566 Fax Number: 408-740-3511

*Email: bb@enkitech.com

Application for Federal Assistance SF-424

Version 02

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

R. Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

***12 Funding Opportunity Number:**

DE-FOA-0001018

***Title:**

Solar Manufacturing Technology 2 (SolarMat 2)

13. Competition Identification Number:

Title:

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

San Jose, California; Milpitas, California, Santa Clara County, California,

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

Integrated Glass Coating Manufacturing Line

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-017

*b. Program/Project: CA-017

17. Proposed Project:

*a. Start Date: 10/1/2014

*b. End Date: 09/30/2016

18. Estimated Funding (\$):

*a. Federal	<u> \$2,000,000</u>
*b. Applicant	<u> \$2,006,005</u>
*c. State	<u> 0</u>
*d. Local	<u> 0</u>
*e. Other	<u> 0</u>
*f. Program Income	<u> 0</u>
*g. TOTAL	<u> \$4,006,005</u>

*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 04/29/14
- 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: Brenor

Middle Name: _____

*Last Name: Brophy

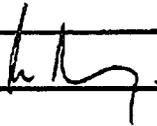
Suffix: _____

*Title: CTO

*Telephone Number: 408-823-6566

Fax Number: 408-740-3511

*Email: bb@enkitech.com

*Signature of Authorized Representative: 

*Date Signed: 04/29/14

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: Foresight Renewable Solutions	RECEIVED APR 29 2014
5a. Federal Entity Identifier: Department of Energy	* 5b. Federal Award Identifier: DE-FOA-0000997	STATE CLEARING HOUSE
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Foresight Renewable Solutions, LLC		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 45-5343454	* c. Organizational DUNS: 078483449	
d. Address:		
* Street1: Street2: * City: County: * State: Province: * Country: * Zip / Postal Code:	657 Mission St. Suite 504 _____ San Francisco _____ CA: California _____ USA: UNITED STATES 94105	
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: Carlos	_____
Middle Name: Vicente	_____	
* Last Name: Pineda	_____	
Suffix: _____	_____	
Title: CEO	_____	
Organizational Affiliation: _____		
* Telephone Number: 415-495-0700 ext. 205	Fax Number: 415-495-0727	
* Email: cpineda@fr-sol.com		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Energy Technology Laboratory

11. Catalog of Federal Domestic Assistance Number:

81.122

CFDA Title:

Electricity Delivery and Energy Reliability, Research, Development and Analysis

*** 12. Funding Opportunity Number:**

DE-FOA-0000997

* Title:

Microgrid Research, Development, and System Design

13. Competition Identification Number:

Title:

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

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

BUILDING AN INTERNET OF ENERGY: RESEARCH, DESIGN, AND TESTING OF A SCALABLE COMMERCIAL MICROGRIDS CONTROLLER AND UTILITY MICROGRID NETWORKS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,195,000.00"/>
* b. Applicant	<input type="text" value="257,000.00"/>
* c. State	<input type="text" value="60,000.00"/>
* d. Local	<input type="text" value="11,250.00"/>
* e. Other	<input type="text" value="62,400.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,585,650.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

04/30/2014

4. Applicant Identifier:

RECEIVED

APR 30 2014

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

GeoMechanics Technologies

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

GeoMechanics Technologies

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

9 5 4 4 6 8 9 1 9

* c. Organizational DUNS:

848908356

d. Address:

* Street1:

103 E Lemon Ave

Street2:

Suite 200

* City:

Monrovia

County:

Los Angeles

* State:

California

Province:

* Country:

United States of America

* Zip / Postal Code:

91016-8116

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Dr.

* First Name:

Michael

Middle Name:

S.

* Last Name:

Bruno

Suffix:

Title:

President

Organizational Affiliation:

GeoMechanics Technologies

* Telephone Number:

(626) 305-8460

* Fax Number:

(626) 305-8462

* Email:

mbruno@geomechanicstech.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:**

Geothermal Technologies Office (GTO)

11. Catalog of Federal Domestic Assistance Number:

81087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-EE0000842

*** Title:**

Integrated enhanced geothermal systems (EGS) research and development

13. Competition Identification Number:

0842-1574

Title:

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

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

Integration of Advanced Surface Deformation Measurements with 3D Geomechanical Inversion Simulation to Assess Subsurface Pressure Change and Heat Flow in Geothermal Operations

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="1,909,532.00"/>
* b. Applicant	<input type="text" value="927,297.00"/>
* 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="2,836,829.00"/>

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

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

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

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

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

Yes No If "Yes", provide explanation and attach.

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

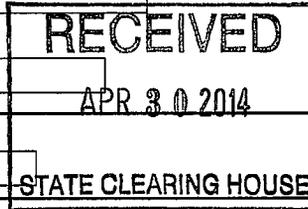
- New
- Continuation
- Revision

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

[Redacted]

*** Other (Specify):**

[Redacted]



*** 3. Date Received:**

[Redacted]

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

06-01758

State Use Only:

6. Date Received by State: 04/03/2014

7. State Application Identifier: SAI- Exempt

8. APPLICANT INFORMATION:

*** a. Legal Name:** California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

*** Street1:** PO Box 942896

Street2:

*** City:** Sacramento

County/Parish:

*** State:** CA: California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

Ms.

*** First Name:**

Cristelle

Middle Name:

*** Last Name:** Taillon

Suffix:

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

*** Telephone Number:** 916-654-8686

Fax Number:

*** Email:** Cristelle.Taillon@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-81204

Add Attachment

Delete Attachment

View Attachment

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

Casa Verde Park - Trails and Playgrounds
City of Union City

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="268,817.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="18,817.00"/>
* d. Local	<input type="text" value="250,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="537,634.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

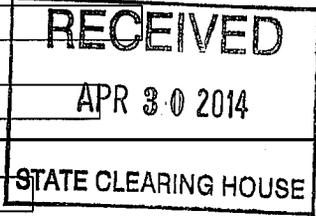
- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**



*** 3. Date Received:**

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01770

State Use Only:

6. Date Received by State: 04/03/2014

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

*** a. Legal Name:** California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

* Street1: PO Box 942896
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: Parks and Recreation
Division Name: Grants and Local Services

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

Prefix: Ms. * First Name: Melinda
Middle Name: _____
* Last Name: Steinert
Suffix: _____

Title: Associate Park and Recreation Specialist

Organizational Affiliation: California Department of Parks and Recreation

* Telephone Number: 916-651-7744 Fax Number: _____

* Email: Melinda.Steinert@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-12524

Add Attachment

Delete Attachment

View Attachment

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

Ryno Park Playground
City of Ceres

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="268,817.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="22,204.00"/>
* d. Local	<input type="text" value="295,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="586,021.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

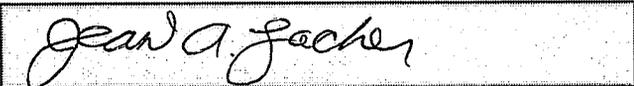
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

N/A

RECEIVED
APR 30 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01768

State Use Only:

6. Date Received by State: 04/03/2014

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

*** a. Legal Name:** California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

* Street1: P.O. Box 942896
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix: Ms. * First Name: Melinda
Middle Name: _____
* Last Name: Steinert
Suffix: _____

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

* Telephone Number: 916-651-7744

Fax Number: _____

* Email: Melinda.Steinert@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:
Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

[]

* Title:
Land and Water Conservation Fund

13. Competition Identification Number:

[]

Title:
[]

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

06-48354

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

Tuolumne River Regional Park Gateway Development
City of Modesto

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="485,011.00"/>
* b. Applicant	<input type="text" value="33,951.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="451,060.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="970,022.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

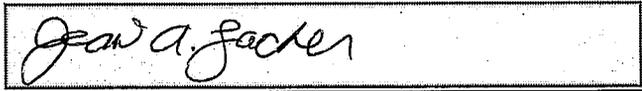
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

* Other (Specify):
[]

RECEIVED
APR 30 2014
STATE CLEARING HOUSE

*** 3. Date Received:**

[]

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

06-01760

State Use Only:

6. Date Received by State: 04/03/2014

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

*** a. Legal Name:** California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

* Street1: P.O. Box 942896
Street2: []
* City: Sacramento
County/Parish: []
* State: CA: California
Province: []
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: Parks and Recreation
Division Name: Grants and Local Services

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

Prefix: Ms. * First Name: Cristelle
Middle Name: []
* Last Name: Taillon
Suffix: []

Title: Associate Park and Recreation Specialist

Organizational Affiliation: California Department of Parks and Recreation

* Telephone Number: 916-654-8686 Fax Number: []

* Email: Cristelle.Taillon@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-21796

Add Attachment

Delete Attachment

View Attachment

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

Uniting the Hillside Natural Areas
City of El Cerrito

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="270,457.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="18,932.00"/>
* d. Local	<input type="text" value="251,525.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="540,914.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

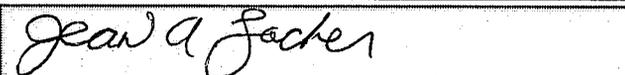
Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

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

Application for Federal Assistance SF-424

* 1. Type of Submission:

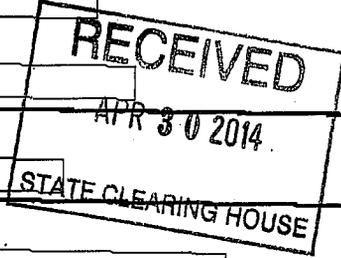
- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)



* 3. Date Received:

04/30/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

GeoMechanics Technologies

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

GeoMechanics Technologies

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

9 5 4 4 6 8 9 1 9

* c. Organizational DUNS:

848908356

d. Address:

* Street1:

103 E Lemon Ave

Street2:

Suite 200

* City:

Monrovia

County:

Los Angeles

* State:

California

Province:

* Country:

United States of America

* Zip / Postal Code:

91016-5116

a. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Dr.

* First Name:

Michael

Middle Name:

S.

* Last Name:

Bruno

Suffix:

Title:

President

Organizational Affiliation:

GeoMechanics Technologies

* Telephone Number:

(626) 305-8460

Fax Number:

(626) 305-8462

* Email:

mabruno@geomechanicstech.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:**

Geothermal Technologies Office (GTO) _____

11. Catalog of Federal Domestic Assistance Number:

81087 _____

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-EE0000842 _____

* Title:

Integrated enhanced geothermal systems (EGS) research and development _____

13. Competition Identification Number:

0842-1574 _____

Title:

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

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

Integration of Advanced Surface Deformation Measurements with 3D Geomechanical Inversion Simulation to Assess Subsurface Pressure Change and Heat Flow in Geothermal Operations _____

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="1,909,532.00"/>
* b. Applicant	<input type="text" value="927,297.00"/>
* 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="2,836,829.00"/>

*** 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 210, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

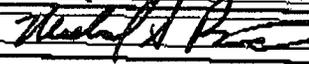
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

OMB Number: 4040-0004

Expiration Date: 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:

APR 29 2014

4. Applicant Identifier:

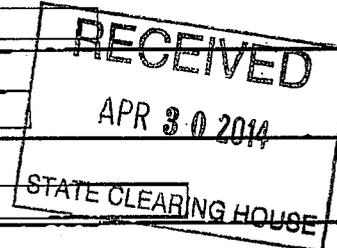
[]

5b. 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:

Mountain View Community Services Center

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

94-6050023

* c. Organizational DUNS:

018764283

d. Address:

* Street 1:

14508 Wenden Road Blvd

Street 2:

[]

* City:

Redding

County/Parish:

[]

* State:

California

Province:

[]

* Country:

USA: UNITED STATES

- Zip / Postal Code:

96003

e. Organizational Unit:

Department Name:

Water Department

Division Name:

[]

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

Prefix:

Mr.

* First Name:

Seffery

Middle Name:

D

- Last Name:

Cole

Suffix:

[]

Title:

General Manager

Organizational Affiliation:

[]

* Telephone Number:

(530) 275-3043

Fax Number:

(530) 275-3043

* Email:

mcoled@smsta.com

Application for Federal Assistance SF-424

8. Type of Applicant 1 - Select Applicant Type:

[Redacted]

Type of Applicant 2- Select Applicant Type:

[Redacted]

Type of Applicant 3- Select Applicant Type:

[Redacted]

* Other (specify):

[Redacted]

* 10. Name of Federal Agency:

[Redacted]

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANT GRANT

* 12. Funding Opportunity Number:

[Redacted]

* Title:

[Redacted]

13. Competition Identification Number:

[Redacted]

Title:

[Redacted]

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

MOUNTAIN GATE, SHASTA County, CA

* 16. Descriptive Title of Applicant's Project:

[Redacted]

Attach supporting documents as specified in agency instructions.

[Redacted]

Application for Federal Assistance SF-424

16. Congressional Districts Of:
 * a. Applicant [REDACTED] * b. Program/Project [REDACTED]

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

17. Proposed Project:
 * a. Start Date: [REDACTED] * b. End Date: [REDACTED]

18. Estimated Funding (\$):

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

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

Yes No
 If "Yes, provide explanation and attach.
 [REDACTED] [REDACTED] [REDACTED]

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)
 [REDACTED]

* 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: [REDACTED]
 Middle Name: D.
 * Last Name: [REDACTED]
 Suffix: [REDACTED]

* Title: [REDACTED]

* Telephone Number: [REDACTED] Fax Number: (530) 275-3043

* Email: [REDACTED]

* 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:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[]

* Other (Specify)

[]

* 3. Date Received:

04/24/2014

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: University Enterprises, Inc. on behalf of CSU Sacramento

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

941337638

* c. Organizational DUNS:

029031796

d. Address:

* Street1: 6000 J Street

Street2:

* City: Sacramento

County: Sacramento

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95819-6111

e. Organizational Unit:

Department Name:

Geography

Division Name:

Natural Sciences & Mathematics

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

Prefix:

[]

* First Name: Mathew

Middle Name: C.

[]

* Last Name: Schmidlein

[]

Suffix: PhD

[]

Title: Assistant Professor

[]

Organizational Affiliation:

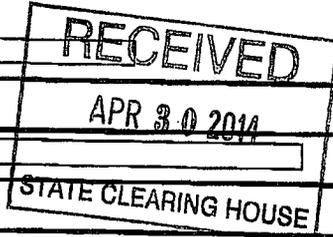
California State University, Sacramento

* Telephone Number: (916) 278-7581

Fax Number:

[]

* Email: schmidmc@saclink.csus.edu



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

CSU Sacramento auxiliary org

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G14AS00056

* Title:

Cooperative Ecosystem Studies Unit, Californian CESU

13. Competition Identification Number:

G14AS00056

Title:

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

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

Socio-ecological Vulnerability to Coastal Change Hazards along the Northeastern U.S. Coast

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-006

* b. Program/Project CA-006

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

17. Proposed Project:

* a. Start Date: 06/01/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal	22,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	22,000.00

* 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 04/24/2014

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr * First Name: David
Middle Name:
* Last Name: Earwicker
Suffix:

* Title: Assistant Vice President

* Telephone Number: 916-278-3669 Fax Number: 916-278-6163

* Email: david.earwicker@csus.edu

* Signature of Authorized Representative: David Earwicker * Date Signed: 04/24/2014

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

* 1. Type of Submission:

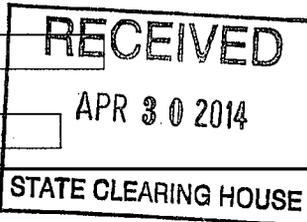
- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):



* 3. Date Received:

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01762

State Use Only:

6. Date Received by State: 04/03/2014

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

* c. Organizational DUNS:

1720708070000

d. Address:

* Street1: PO Box 942896

Street2: _____

* City: Sacramento

County/Parish: _____

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix: Ms.

* First Name:

Karen

Middle Name: _____

* Last Name: Sims

Suffix: _____

Title: Associate Park and Recreation Specialist

Organizational Affiliation: _____

* Telephone Number: 916-651-7739

Fax Number: _____

* Email: Karen.Sims@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-19192

Add Attachment

Delete Attachment

View Attachment

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

Pantera Park Trail Access Development
City of Diamond Bar

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="125,266.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="18,588.00"/>
* d. Local	<input type="text" value="246,961.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="390,815.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

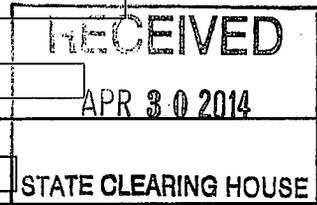
- New
- Continuation
- Revision

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

[]

*** Other (Specify):**

[]



*** 3. Date Received:**

[]

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

06-01772

State Use Only:

6. Date Received by State:

04/03/2014

7. State Application Identifier:

SAI-Exempt

8. APPLICANT INFORMATION:

*** a. Legal Name:**

California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

*** Street1:**

PO Box 942896

Street2:

[]

*** City:**

Sacramento

County/Parish:

[]

*** State:**

CA: California

Province:

[]

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

Ms.

*** First Name:**

Melinda

Middle Name:

[]

*** Last Name:**

Steinert

Suffix:

[]

Title:

Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

*** Telephone Number:**

916-651-7744

Fax Number:

[]

*** Email:**

Melinda.Steinert@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation Acquisition, Development, and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-83612

Add Attachment

Delete Attachment

View Attachment

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

South Reinway Avenue Recreational Park & Trailhead
City of Waterford

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="236,640.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="16,565.00"/>
* d. Local	<input type="text" value="220,075.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="473,280.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

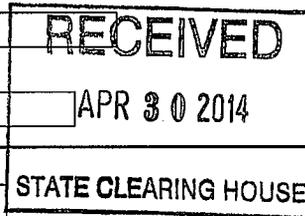
- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):



* 3. Date Received:

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01764

State Use Only:

6. Date Received by State: 04/03/2014

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

* c. Organizational DUNS:

1720708070000

d. Address:

* Street1: PO Box 942896

Street2: _____

* City: Sacramento

County/Parish: _____

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

Park and Recreation

Division Name:

Grants and Local Services

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

Prefix: Ms. * First Name: Melinda

Middle Name: _____

* Last Name: Steinert

Suffix: _____

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

* Telephone Number: 916-651-7744

Fax Number: _____

* Email: Melinda.Steinert@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-13294

Add Attachment

Delete Attachment

View Attachment

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

Veteran's Memorial Park Amphitheater Development
City of Chowchilla

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="80,645.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="5,645.00"/>
* d. Local	<input type="text" value="75,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="161,290.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

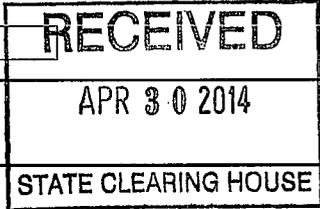
* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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



* 3. Date Received: _____	4. Applicant Identifier: N/A
-------------------------------------	--

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01765
--	--

State Use Only:

6. Date Received by State: 04/03/2014	7. State Application Identifier: SAI-Exempt
--	--

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000

d. Address:

* Street1: P.O. Box 942896
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: Parks and Recreation	Division Name: Grants and Local Services
--	---

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

Prefix: Ms.	* First Name: Melinda
Middle Name: _____	
* Last Name: Steinert	
Suffix: _____	

Title: Associate Park and Recreation Specialist

Organizational Affiliation: California Department of Parks and Recreation

* Telephone Number: 916-651-7744	Fax Number: _____
---	--------------------------

*** Email:** Melinda.Steinert@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-08100

Add Attachment

Delete Attachment

View Attachment

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

The Tracks at Brea Trail Development
City of Brea

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="537,635.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="37,635.00"/>
* d. Local	<input type="text" value="500,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,075,270.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED

APR 30 2014

STATE CLEARING HOUSE

* 3. Date Received:

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01761

State Use Only:

6. Date Received by State:

04/03/2014

7. State Application Identifier:

SAI-Exempt

8. APPLICANT INFORMATION:

* a. Legal Name:

California Department of Parks and Recreation

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

68-0303606

* c. Organizational DUNS:

1720708070000

d. Address:

* Street1:

PO Box 942896

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

Mr.

* First Name:

Bill

Middle Name:

* Last Name:

Meyer

Suffix:

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

* Telephone Number:

916-651-1406

Fax Number:

* Email:

Bill.Meyer@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-60242

Add Attachment

Delete Attachment

View Attachment

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

Mueller Park Beautification
City of Reedley

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="106,141.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="7,430.00"/>
* d. Local	<input type="text" value="98,711.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="212,282.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

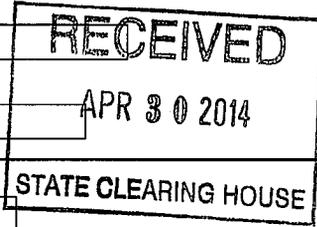
- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**



*** 3. Date Received:**

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01769

State Use Only:

6. Date Received by State:

04/03/2014

7. State Application Identifier:

SAI-Exempt

8. APPLICANT INFORMATION:

*** a. Legal Name:**

California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

*** Street1:**

PO Box 942896

Street2:

*** City:**

Sacramento

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

Ms.

*** First Name:**

Melinda

Middle Name:

*** Last Name:**

Steinert

Suffix:

Title:

Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

*** Telephone Number:**

916-651-7744

Fax Number:

*** Email:**

Melinda.Steinert@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-51140

Add Attachment

Delete Attachment

View Attachment

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

Newman Skate Plaza
City of Newman

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="186,356.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="13,045.00"/>
* d. Local	<input type="text" value="173,311.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="372,712.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

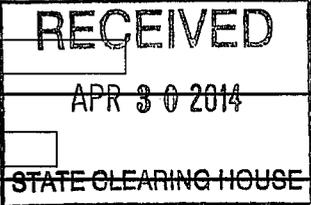
* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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



* 3. Date Received: _____	4. Applicant Identifier: N/A
-------------------------------------	--

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01771
--	--

State Use Only:

6. Date Received by State: 04/03/2014	7. State Application Identifier: SAI-Exempt
--	--

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000

d. Address:

* Street1: P.O. Box 912896
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: Parks and Recreation	Division Name: Grants and Local Services
--	---

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

Prefix: Ms.	* First Name: Melinda
Middle Name: _____	
* Last Name: Steinert	
Suffix: _____	

Title: Associate Park and Recreation Specialist

Organizational Affiliation: California Department of Parks and Recreation

* Telephone Number: 916-651-7744	Fax Number: _____
---	--------------------------

*** Email:** Melinda.Steinert@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-34904

Add Attachment

Delete Attachment

View Attachment

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

Seventh Street Park Acquisition
City of Hughson

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="368,280.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="25,780.00"/>
* d. Local	<input type="text" value="342,500.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="736,560.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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: N/A	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 30 2014 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01766	
State Use Only:		
6. Date Received by State: 04/03/2014	7. State Application Identifier: SAI-Exempt	
8. APPLICANT INFORMATION:		
* a. Legal Name: California Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000	
d. Address:		
* Street1: P.O. Box 942896	Street2: _____	
* City: Sacramento	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 94296-0001	
e. Organizational Unit:		
Department Name: Parks and Recreation	Division Name: Grants and Local Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Natalie	
Middle Name: _____	* Last Name: Bee	
Suffix: _____	Title: Associate Park and Recreation Specialist	
Organizational Affiliation: California Department of Parks and Recreation		
* Telephone Number: 916-651-0564	Fax Number: _____	
* Email: Natalie.Bee@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:
Outdoor Recreation Acquisition, Development, and Planning

*** 12. Funding Opportunity Number:**

* Title:
Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-67000

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

Noe Valley Town Square Park Development
City and County of San Francisco RPD

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="799,509.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="55,966.00"/>
* d. Local	<input type="text" value="743,543.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,599,018.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: N/A	RECEIVED APR 30 2014 STATE CLEARING HOUSE
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01767	
State Use Only:		
6. Date Received by State: 04/03/2014	7. State Application Identifier: SAI-Exempt	
8. APPLICANT INFORMATION:		
* a. Legal Name: California Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000	
d. Address:		
* Street1: P.O. Box 942896	_____	
Street2:	_____	
* City: Sacramento	_____	
County/Parish:	_____	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 94296-0001	_____	
e. Organizational Unit:		
Department Name: Parks and Recreation	Division Name: Grants and Local Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Luan	_____
Middle Name:	_____	
* Last Name: Aubin	_____	
Suffix:	_____	
Title: Associate Park and Recreation Specialist		
Organizational Affiliation: California Department of Parks and Recreation		
* Telephone Number: 916-651-8573	Fax Number: _____	
* Email: Luan.Aubin@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-68266

Add Attachment

Delete Attachment

View Attachment

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

San Miguel Community Park Development
County of San Luis Obispo

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="537,635.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="37,635.00"/>
* d. Local	<input type="text" value="500,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,075,270.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

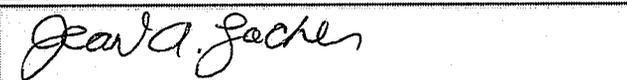
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: N/A	RECEIVED APR 30 2014
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 006-01773	
State Use Only:		
6. Date Received by State: 04/03/2014	7. State Application Identifier: SAI-Exempt	
8. APPLICANT INFORMATION:		
* a. Legal Name: California Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000	
d. Address:		
* Street1: P.O. Box 942896	_____	
Street2:	_____	
* City: Sacramento	_____	
County/Parish:	_____	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 94296-0001	_____	
e. Organizational Unit:		
Department Name: Parks and Recreation	Division Name: Grants and Local Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Stephanie	
Middle Name:	_____	
* Last Name: Schiechl	_____	
Suffix:	_____	
Title: Associate Park and Recreation Specialist		
Organizational Affiliation: California Department of Parks and Recreation		
* Telephone Number: 916-651-8580	Fax Number: _____	
* Email: Stephanie.Schiechl@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-49138

Add Attachment

Delete Attachment

View Attachment

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

Arroyo Vista Recreational Trail Development
City of Moorpark

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="537,635.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="52,688.00"/>
* d. Local	<input type="text" value="700,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,290,323.00"/>

*** 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: