

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16 - 30, 2015**. 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:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED

APR 16 2015

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: San Francisco State University

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

931137247

* c. Organizational DUNS:

942514985

d. Address:

* Street1: 1600 Holloway Ave

Street2: ADM 471

* City: San Francisco

County: San Francisco

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94132-1722

e. Organizational Unit:

Department Name:

Romberg Tiburon Center

Division Name:

Coll. Science & Engineering

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

Prefix:

* First Name: William

Middle Name:

* Last Name: Kimmerer

Suffix:

Title: RTC Research Professor

Organizational Affiliation:

San Francisco State University

* Telephone Number: 415-338-3515

Fax Number:

* Email: kimmerer@sfsu.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.806

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G15AS00003

* Title:

USGS Non-Competitive Assistance FY 2015 - Sacramento Acquisition Branch

13. Competition Identification Number:

G15AS00003

Title:

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

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

Phytoplankton Modeling in CASCaDE

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-012

* b. Program/Project CA-012

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

17. Proposed Project:

* a. Start Date: 12/15/2011

* b. End Date: 06/30/2015

18. Estimated Funding (\$):

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 04/14/2015
- 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: *SPeltin* SUSAN PELTON on behalf of Alison Sanders

Prefix: Middle Name: * First Name: Alison

Middle Name:

* Last Name: Sanders

Suffix:

* Title: Director

* Telephone Number: 415-405-3943 Fax Number: 415-336-2493

* Email: asanders@sfsu.edu

* Signature of Authorized Representative: Alison Sanders * Date Signed:

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

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

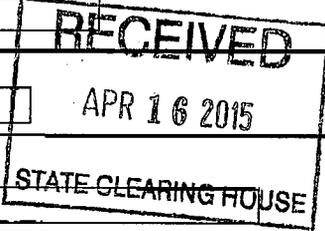
* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

04/16/2015

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:

Office of Emergency Services (Cal OES)

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

680278801

* c. Organizational DUNS:

9474361760000

d. Address:

* Street1:

3650 Scrieffer Avenue

Street2:

* City:

Mather

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95655-4203

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

* First Name:

Rose

Middle Name:

* Last Name:

Nguyen

Suffix:

Title:

Division Chief

Organizational Affiliation:

* Telephone Number:

(916) 845-8646

Fax Number:

* Email:

Rose.R.Nguyen@caloes.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.042

CFDA Title:

Emergency Management Performance Grants

*** 12. Funding Opportunity Number:**

DHS-15-GPD-042-009-01

* Title:

Fiscal Year (FY) 2015 Emergency Management Performance Grant Program - Region 9

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

California - FY 2015 Emergency Management Performance Grant

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-003

* b. Program/Project CA-a11

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

[Empty text box for additional list of districts]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014

* b. End Date: 09/30/2016

18. Estimated Funding (\$):

| | |
|---------------------|---------------|
| * a. Federal | 27,870,091.00 |
| * b. Applicant | 12,388,468.00 |
| * c. State | 0.00 |
| * d. Local | 15,481,623.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 55,740,182.00 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 04/16/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

[Empty text box for explanation]

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Mark
 Middle Name:
 * Last Name: Ghilarducci
 Suffix:

* Title: Director

* Telephone Number: (916) 845-8506 Fax Number:

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

* Signature of Authorized Representative: Rose Nguyen * Date Signed: 04/16/2015

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) _____

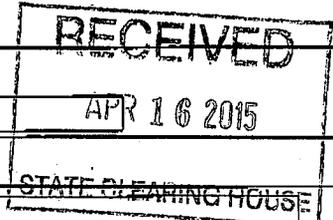
3. Date Received:

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:

La Grange, Don Pedro Community Services District

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

94-2724536

c. Organizational DUNS:

626119465

d. Address:

Street 1:

9781 Merced Falls Rd

Street 2:

City:

La Grange

County/Parish:

Mariposa

State:

CA

Province:

Country:

USA: UNITED STATES

Zip / Postal Code:

95329

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:**

Peter

Middle Name:

J.

Last Name:

Kampa

Suffix:

Title:

General Manager

Organizational Affiliation:

*** Telephone Number:**

(209) 591-7100

Fax Number:

(209) 852-2268

*** Email:**

pkampa@kampacs.com

Application for Federal Assistance SF-424

9. Type of Applicant 1 - 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 RD

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

Lake Don Pedro CSD

Add Attachments

Delete Attachments

View Attachments

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

Wells 2, Medina Wells, Wells 3 & 4

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

[Redacted]

* b. Program/Project

[Redacted]

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

[Redacted]

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

[Redacted]

* b. End Date:

[Redacted]

18. Estimated Funding (\$):

* a. Federal

\$500,000.00

* b. Applicant

\$100,000.00

* c. State

\$402,800.00

* d. Local

\$0.00

* e. Other

\$0.00

* f. Program Income

\$0.00

* g. TOTAL

\$912,800.00

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 [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.

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

- Yes
- No

If "Yes, provide explanation and attach.

[Redacted]

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:

Mr.

* First Name:

Peter

Middle Name:

J

* Last Name:

Kampa

Suffix:

* Title:

General Manager

* Telephone Number:

(209) 891-1100

Fax Number:

(209) 852-2268

* Email:

p.kampa@kampa.com

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

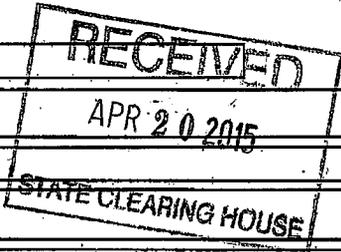
Application for Federal Assistance SF-424

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): _____ * Other (Specify) _____ |
|---|---|---|

| | |
|--|--|
| * 3. Date Received: 04/17/2015 | 4. Applicant Identifier: _____ |
|--|--|

| | |
|--|--|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: F15AS00092 |
|--|--|



| | |
|---|--|
| State Use Only: | |
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598032 |

| |
|---|
| 8. APPLICANT INFORMATION: |
| * a. Legal Name: STATE OF CALIFORNIA |

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

| |
|--------------------------------------|
| d. Address: |
| * Street1: 1416 9TH STREET |
| Street2: _____ |
| * City: SACRAMENTO |
| County: _____ |
| * State: CA: California |
| Province: _____ |
| * Country: USA: UNITED STATES |
| * Zip / Postal Code: 95814 |

| | |
|--|--|
| e. Organizational Unit: | |
| Department Name: CA DEPT OF FISH & WILDLIFE | Division Name: GRANTS MANAGEMENT BRANCH |

| | |
|---|---------------------------|
| f. Name and contact information of person to be contacted on matters involving this application: | |
| Prefix: Mr. | * First Name: PETE |
| Middle Name: _____ | |
| * Last Name: MARCELLANA | |
| Suffix: _____ | |
| Title: GRANTS ADMINISTRATOR | |

| |
|---|
| Organizational Affiliation: _____ |
|---|

| | |
|---|-----------------------------------|
| * Telephone Number: (916) 445-3694 | Fax Number: (916) 327-6320 |
| * 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:**

F15AS00092

* 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.):

Mendocino (Russian River Basin), Sonoma, Napa, Solano, Marin, Contra Costa, Alameda, Santa Clara, San Francisco, Santa Cruz, San Mateo, parts of Yolo, Sacramento, and San Joaquin Congressional Districts 2, 3, 5, 6, 9, 11, 12, 14, 19

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

CENTRAL COAST NATIVE TROUT CONSERVATION AND FISHERIES ENHANCEMENT

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 | 103,307.00 |
| * b. Applicant | 0.00 |
| * c. State | 34,436.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 137,743.00 |

*** 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:

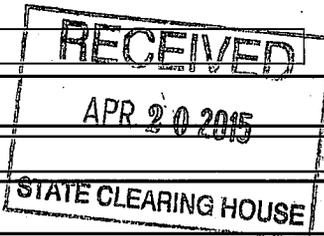
4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

15-8506-0478-CA

5b. Federal Award Identifier:



State Use Only:

6. Date Received by State: 04/03/2015

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:

8074876650000

d. Address:

* Street1:

1220 N Street, Room 315

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health/Pest Prev Svcs

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

Prefix:

* First Name:

Jason

Middle Name:

* Last Name:

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

* Telephone Number:

(916) 654-1211

Fax Number:

(916) 654-0555

* Email:

jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

NA

* Title:

NA

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Exotic Woodborer Survey

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="115,250.00"/> |
| * 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="115,250.00"/> |

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

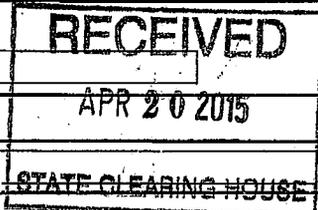
Application for Federal Assistance SF-424

Version 02

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

| | |
|-----------------------------------|-----------------------------------|
| * 3. Date Received: 04/17/2015 | 4. Applicant Identifier: _____ |
|-----------------------------------|-----------------------------------|

| | |
|---|---|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: F15AS00092 |
|---|---|



| | | |
|-----------------|----------------------------------|---|
| State Use Only: | 6. Date Received by State: _____ | 7. State Application Identifier: G1598062 |
|-----------------|----------------------------------|---|

8. APPLICANT INFORMATION:

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

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

d. Address:

| |
|-------------------------------|
| * Street1: 1416 9TH STREET |
| Street2: _____ |
| * City: SACRAMENTO |
| County: _____ |
| * State: CA: California |
| Province: _____ |
| * Country: USA: UNITED STATES |
| * Zip / Postal Code: 95814 |

e. Organizational Unit:

| | |
|---|---|
| Department Name: CA DEPT OF FISH & WILDLIFE | Division Name: GRANTS MANAGEMENT BRANCH |
|---|---|

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

| | |
|-----------------------------|---------------------|
| Prefix: Mr. | * First Name: 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:**

F15AS00092

*** 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:**

CENTRAL VALLEY FISHERY RESOURCE ASSESSMENT AND MONITORING

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="1,213,295.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="404,432.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="1,617,727.00"/> |

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

| | |
|-----------------------------------|-----------------------------------|
| * 3. Date Received: 04/17/2015 | 4. Applicant Identifier: _____ |
|-----------------------------------|-----------------------------------|

| | |
|---|---|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: F15AS00092 |
|---|---|

State Use Only:

| | |
|----------------------------------|---|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598043 |
|----------------------------------|---|

RECEIVED
APR 20 2015
STATE CLEARING HOUSE

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: 1416 9th Street |
| Street2: _____ |
| * City: Sacramento |
| County: _____ |
| * State: CA: California |
| Province: _____ |
| * Country: USA: UNITED STATES |
| * Zip / Postal Code: 95814 |

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: Pete |
| Middle Name: _____ | |
| * Last Name: Marcellana | |
| Suffix: _____ | |
| Title: Grants Administrator | |

Organizational Affiliation:

| | |
|------------------------------------|----------------------------|
| * Telephone Number: (916) 445-4658 | Fax Number: (916) 327-6320 |
|------------------------------------|----------------------------|

| |
|--|
| * 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:**

F15AS00092

* 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.):

Shasta and Tehama Counties

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

Upper Sacramento River Salmon and Steelhead Resource Assessment

Attach supporting documents as specified in agency instructions.

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="223,626.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="74,542.00"/> |
| * 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="298,168.00"/> |

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

| | | |
|---|---|--|
| Application for Federal Assistance SF-424 | | Version 02 |
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * Other (Specify): _____ |
| * 3. Date Received: 04/17/2015 | 4. Applicant Identifier: _____ | RECEIVED APR 20 2015 STATE CLEARING HOUSE |
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: F15AS00092 | |
| State Use Only: | | |
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598065 | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: STATE OF CALIFORNIA | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567 | * c. Organizational DUNS: 8083223580000 | |
| d. Address: | | |
| * Street1: 1416 9TH STREET | _____ | |
| Street2: | _____ | |
| * City: SACRAMENTO | _____ | |
| County: | _____ | |
| * State: CA: California | _____ | |
| Province: | _____ | |
| * Country: USA: UNITED STATES | _____ | |
| * Zip / Postal Code: 95814 | _____ | |
| e. Organizational Unit: | | |
| Department Name: CA DEPT OF FISH & WILDLIFE | Division Name: GRANTS MANAGEMENT BRANCH | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Mr. | * First Name: 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:

F15AS00092

* 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.):

* 15. Descriptive Title of Applicant's Project:

CALIFORNIA FISH SCREEN & FISH PASSAGE PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
* a. Applicant: * 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 | 161,319.00 |
| * b. Applicant | 0.00 |
| * c. State | 53,773.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 215,092.00 |

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**
 Yes No

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

Authorized Representative:
Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:
* Title:
* Telephone Number: Fax Number:
* Email:
* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

*2. Type of Application

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

Control Number: 1201-1702

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

RECEIVED
APR 21 2015
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Farasis Energy, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
02-0598260*c. Organizational DUNS:
112224220

d. Address:

*Street 1: 21363 Cabot Blvd
 Street 2: _____
 *City: Hayward
 County: _____
 *State: CA
 Province: _____
 *Country: USA
 *Zip / Postal Code: 94545

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: _____
 *Last Name: Slater
 Suffix: _____
 Title: Senior Scientist

Organizational Affiliation:

*Telephone Number: 510-732-6600 x216

Fax Number:

*Email: mslater@farasis.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:

81.086

CFDA Title:

Conservation Research and Development

***12 Funding Opportunity Number:**

DE-FOA-0001201

*Title:

FISCAL YEAR (FY) 2015 VEHICLE TECHNOLOGIES PROGRAM WIDE FUNDING OPPORTUNITY ANNOUNCEMENT

13. Competition Identification Number:

Title:

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

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

Integrated Manufacturing of Advanced Multi-functional Cathode Materials

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-015

*b. Program/Project: CA-015

17. Proposed Project:

*a. Start Date: 10/1/2015

*b. End Date: 9/30/2017

18. Estimated Funding (\$):

| | |
|--------------------|-----------|
| *a. Federal | 1,438,589 |
| *b. Applicant | 360,000 |
| *c. State | 0 |
| *d. Local | 0 |
| *e. Other | 0 |
| *f. Program Income | 0 |
| *g. TOTAL | 1,798,589 |

*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 4/20/2015
- 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: Dr

Middle Name: _____

*Last Name: Kepler

Suffix: _____

*First Name: Keith

*Title: Chief Technology Officer

*Telephone Number: 510-732-6600 x203

Fax Number: _____

* Email: kkepler@farasis.com

*Signature of Authorized Representative: 

*Date Signed: 4/20/2015

Application for Federal Assistance SF-424

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

| | |
|--|--|
| * 3. Date Received: 04/21/2015 | 4. Applicant Identifier: _____ |
|--|--|

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

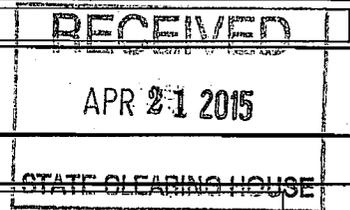
State Use Only:

| | |
|---|--|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598089 |
|---|--|

8. APPLICANT INFORMATION:

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

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



| | |
|-----------------------------|--------------------|
| d. Address: | |
| * Street1: | 1416 9TH STREET |
| Street2: | _____ |
| * City: | SACRAMENTO |
| County/Parish: | _____ |
| * State: | CA: California |
| Province: | _____ |
| * Country: | USA: UNITED STATES |
| * Zip / Postal Code: | 95814-0000 |

| | |
|---------------------------------|---|
| e. Organizational Unit: | |
| Department Name: CDFW | Division Name: GRANTS MANAGEMENT BRANCH |

| | |
|---|----------------------------|
| f. Name and contact information of person to be contacted on matters involving this application: | |
| Prefix: _____ | * First Name: BRIAN |
| Middle Name: _____ | |
| * Last Name: SALAZAR | |
| Suffix: _____ | |
| Title: GRANT ADMINSTRATOR | |
| Organizational Affiliation: _____ | |

| | |
|---|--------------------------|
| * Telephone Number: 916-323-6201 | Fax Number: _____ |
|---|--------------------------|

| |
|---|
| * Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV |
|---|

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F15AS00160

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

AQUATIC RESORUCE RESTORATION OF ECHO LAKE BASIN, TRINITY ALPS

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="70,626.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="38,029.00"/> |
| * 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="108,655.00"/> |

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

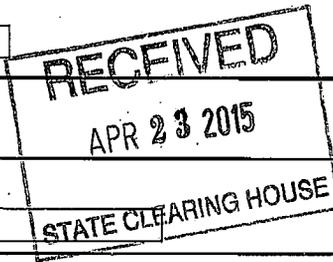
* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

| | | |
|--|--|--|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <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: F15AS00092 |
|---|---|

State Use Only:

| | |
|----------------------------------|---|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598073 |
|----------------------------------|---|

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

d. Address:

| | |
|----------------------|--------------------|
| * Street1: | 1416 9TH STREET |
| Street2: | _____ |
| * City: | SACRAMENTO |
| County: | _____ |
| * State: | CA: California |
| Province: | _____ |
| * Country: | USA: UNITED STATES |
| * Zip / Postal Code: | 95814 |

e. Organizational Unit:

| | |
|--|--|
| Department Name: CA DEPT OF FISH & WILDLIFE | Division Name: GRANTS MANAGEMENT BRANCH |
|--|--|

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

| | |
|--|----------------------------|
| Prefix: Mr. | * First Name: Pete |
| Middle Name: _____ | |
| * Last Name: Marcellana | |
| Suffix: _____ | |
| Title: Grants Administrator | |
| Organizational Affiliation: _____ | |
| * Telephone Number: (916) 445-4658 | Fax Number: (916) 327-6320 |
| * 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:**

F15AS00092

* 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.):

California's Southern Humboldt and Mendocino counties

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

Stream and Lake Improvement, Northern Fisheries Assessment

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

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="211,488.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="70,496.00"/> |
| * 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="281,984.00"/> |

* 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 21B, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

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:

04/23/2015

4. Applicant Identifier:

[]

RECEIVED

APR 29 2015

5a. Federal Entity Identifier:

[]

* 5b. Federal Award Identifier:

F15AS00092

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

G1598076

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1416 9TH STREET

Street2:

[]

* City:

SACRAMENTO

County:

[]

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

CA DEPT OF FISH & WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

Pete

Middle Name:

[]

* Last Name:

Marcellana

Suffix:

[]

Title:

Grants Administrator

Organizational Affiliation:

[]

* Telephone Number:

(916) 445-4658

Fax Number:

(916) 327-6320

* 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:

F15AS00092

* 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.):

Mendocino County and in the headwaters of the Eel River watershed in parts of Lake Tehama, Glenn, and Trinity counties Congressional Districts 1 and 2.

* 15. Descriptive Title of Applicant's Project:

NORTH CENTRAL DISTRICT SALMON AND STEELHEAD MANAGEMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

| | | |
|---|--|--|
| Application for Federal Assistance SF-424 | | Version 02 |
| 16. Congressional Districts Of: | | |
| * a. Applicant | <input type="text" value="CA-6"/> | * 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="07/01/2015"/> | * b. End Date: |
| | | <input type="text" value="06/30/2016"/> |
| 18. Estimated Funding (\$): | | |
| * a. Federal | <input type="text" value="282,476.00"/> | |
| * b. Applicant | <input type="text" value="0.00"/> | |
| * c. State | <input type="text" value="94,159.00"/> | |
| * 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="376,635.00"/> | |
| * 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="04/23/2015"/> |
| <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=""/> |
| 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="BLAINE"/> |
| Middle Name: | <input type="text"/> | |
| * Last Name: | <input type="text" value="NICKENS"/> | |
| Suffix: | <input type="text"/> | |
| * Title: | <input type="text" value="CHIEF, GRANTS MANAGEMENT BRANCH"/> | |
| * Telephone Number: | <input type="text" value="(916) 445-9300"/> | Fax Number: |
| | | <input type="text" value="(916) 327-6320"/> |
| * Email: | <input type="text" value="blaine.nickens@wildlife.ca.gov"/> | |
| * Signature of Authorized Representative: | <input type="text" value="Blaine Nickens"/> | * Date Signed: |
| | | <input type="text" value="04/23/2015"/> |

OMB Number: 4040-0002
Expiration Date: 5/31/2014

| APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY | | | |
|---|-----------------------------|--|---|
| 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/> | | 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): <input type="text"/> | |
| 1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update | |
| | | 2. Date Received: <input type="text"/> | STATE USE ONLY: |
| | | 3. Applicant Identifier: <input type="text"/> | 5. Date Received by State: <input type="text"/> |
| | | 4a. Federal Entity Identifier: <input type="text"/> | 6. State Application Identifier: <input type="text"/> |
| | | 4b. Federal Award Identifier: <input type="text"/> | |
| 7. APPLICANT INFORMATION: | | | |
| a. Legal Name: University Corporation at Monterey Bay | | | |
| b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0387459 | | c. Organizational DUNS: 0824129200000 | |
| d. Address: | | | |
| Street1: 100 Campus Center | | Street2: <input type="text"/> | |
| City: Seaside | | County / Parish: <input type="text"/> | |
| State: CA: California | | Province: <input type="text"/> | |
| Country: USA: UNITED STATES | | Zip / Postal Code: 93955-8001 | |
| e. Organizational Unit: | | | |
| Department Name: College of Science | | Division Name: Return of the Natives | |
| f. Name and contact information of person to be contacted on matters involving this submission: | | | |
| Prefix: <input type="text"/> | First Name: Peggy | Middle Name: <input type="text"/> | |
| Last Name: Rueda | | Suffix: <input type="text"/> | |
| Title: Sponsored Programs Officer | | | |
| Organizational Affiliation: CSU, Monterey Bay | | | |
| Telephone Number: 93105924577 | | Fax Number: <input type="text"/> | |
| Email: prueda@csumb.edu | | | |

RECEIVED
 APR 27 2015
 STATE CLERKING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

Other (specify)

Other (specify):

Auxiliary to State Institution

b. Additional Description:

HST

9. Name of Federal Agency:

Bureau of Land Management

10. Catalog of Federal Domestic Assistance Number:

15.231

CFDA Title:

Fish, Wildlife and Plant Conservation Resource Management

11. Descriptive Title of Applicant's Project:

CBSU CA BLM Native Plant Materials Port Orford National Monument Restoration by Return of the Natives 2015-2019

12. Areas Affected by Funding:

Monterey County

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-020

b. Program/Project:

CA-020

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

[Redacted]

14. FUNDING PERIOD:

a. Start Date:

09/01/2015

b. End Date:

09/30/2019

15. ESTIMATED FUNDING:

a. Federal (\$):

599,993.00

b. Match (\$):

0.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 04/28/2015

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes

No



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

** I Agree

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

Authorized Representative:

Prefix:

First Name:

Cynthia

Middle Name:

Last Name:

Lopez

Suffix:

Title:

Director, Sponsored Programs Officer

Organizational Affiliation:

Telephone Number:

831 582 3089

Fax Number:

Email:

clopez@csuumb.edu

Signature of Authorized Representative:

Completed by Grants.gov upon submission.

Date Signed:

Completed by Grants.gov upon submission.

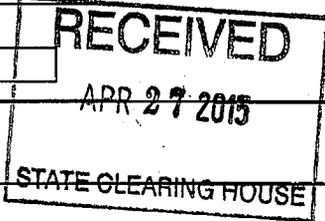
Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

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



| | |
|-----------------------------------|-----------------------------------|
| * 3. Date Received: 04/24/2015 | 4. Applicant Identifier: _____ |
|-----------------------------------|-----------------------------------|

| | |
|---|---|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: F15AS00092 |
|---|---|

State Use Only:

| | |
|-------------------------------------|---|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598034 |
|-------------------------------------|---|

8. APPLICANT INFORMATION:

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

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

d. Address:

| | |
|----------------------|--------------------|
| * Street1: | 1416 9TH STREET |
| Street2: | _____ |
| * City: | SACRAMENTO |
| County: | _____ |
| * State: | CA: California |
| Province: | _____ |
| * Country: | USA: UNITED STATES |
| * Zip / Postal Code: | 95814 |

e. Organizational Unit:

| | |
|--|--|
| Department Name: CA DEPT OF FISH & WILDLIFE | Division Name: GRANTS MANAGEMENT BRANCH |
|--|--|

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

| | |
|-------------------------|--------------------|
| Prefix: Mr. | * First Name: PETE |
| Middle Name: _____ | |
| * Last Name: MARCELLANA | |
| Suffix: _____ | |

| |
|-----------------------------|
| Title: GRANTS ADMINISTRATOR |
|-----------------------------|

Organizational Affiliation:

| |
|-------|
| _____ |
|-------|

| | |
|------------------------------------|----------------------------|
| * Telephone Number: (916) 445-3694 | Fax Number: (916) 327-6320 |
|------------------------------------|----------------------------|

| |
|--|
| * 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:**

F15AS00092

* 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.):

San Pablo Bay, Suisun Bay and Grizzly Bay in the Delta. Lab and office work will be performed at the CDFW Bay Delta Region (East) office in Stockton, San Joaquin County. Congressional Districts 2, 3, 6, 10, and 11.

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

Delta Predator/Salmon Monitoring and Assessment

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 | 149,242.00 |
| * b. Applicant | 0.00 |
| * c. State | 49,747.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 198,989.00 |

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:

Prefx: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

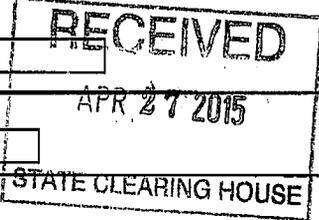
* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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



| | |
|-----------------------------------|-----------------------------------|
| * 3. Date Received: 04/24/2015 | 4. Applicant Identifier: _____ |
|-----------------------------------|-----------------------------------|

| | |
|---|---|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: F15AS00092 |
|---|---|

State Use Only:

| | |
|-------------------------------------|--|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598066 |
|-------------------------------------|--|

8. APPLICANT INFORMATION:

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

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

d. Address:

| |
|----------------------------------|
| * Street1: 1416 9TH STREET |
| Street2: _____ |
| * City: SACRAMENTO |
| County: _____ |
| * State: CA: California |
| Province: _____ |
| * Country: USA: UNITED STATES |
| * Zip / Postal Code: 95814 |

e. Organizational Unit:

| | |
|--|--|
| Department Name: CA DEPT OF FISH & WILDLIFE | Division Name: GRANTS MANAGEMENT BRANCH |
|--|--|

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

| | |
|-----------------------|------------------------|
| Prefix: Mr. | * First Name: 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:**

F15AS00092

* 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:**

FLATWATER FISHERY MANAGEMENT AND RESEARCH

Attach supporting documents as specified in agency instructions.

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 | 1,160,766.00 |
| * b. Applicant | 0.00 |
| * c. State | 386,922.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 1,547,688.00 |

* 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

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Don't Pack a Pest

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="149,768.00"/> |
| * b. Applicant | <input type="text"/> |
| * c. State | <input type="text"/> |
| * d. Local | <input type="text"/> |
| * e. Other | <input type="text"/> |
| * f. Program Income | <input type="text"/> |
| * g. TOTAL | <input type="text" value="149,768.00"/> |

* 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 219, 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:

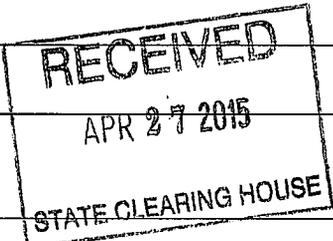
* Signature of Authorized Representative: * Date Signed:

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): - Select One - * Other (Specify) |
|---|---|---|

| | |
|---------------------|---|
| * 3. Date Received: | 4. Application Identifier: 3-06-0087 |
|---------------------|---|

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



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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Fresno

| | |
|---|---|
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000338 | *c. Organizational DUNS: 17-678-5079 |
|---|---|

d. Address:

* Street1: 4995 East Clinton Way
Street 2:
* City: Fresno
County: Fresno
* State: CA
Province:
Country: USA *Zip/ Postal Code: 93727

e. Organizational Unit:

| | |
|------------------------------|----------------------------|
| Department Name: Airports | Division Name: Projects |
|------------------------------|----------------------------|

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

Prefix: Mr. First Name: Kevin
Middle Name:
* Last Name: Meikle
Suffix:

Title: Director of Aviation

Organizational Affiliation:

* Telephone Number: (559) 621-4600 Fax Number: (559) 498-5549

* Email: kevin.meikle@fresno.gov

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Fresno, Madera, Kings, Tulare, Merced and Mariposa Counties of California

* 15. Descriptive Title of Applicant's Project:

Fresno Yosemite International Airport (FAT) Rehabilitation of West Commercial Aviation Apron (Construction)

Existing pavement was installed in 1961 (overlaid in 1980) and 1987

2014 PCI ranges: PCC = 3, AC = 11

New PCC = approx. 230,000 sq. ft.

New AC = approx. 385,000 sq. ft.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-016 *b. Program/Project: CA-016

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

17. Proposed Project:

*a. Start Date: 07/01/2015 *b. End Date: 07/01/2016

18. Estimated Funding (\$):

| | |
|--------------------|---------------|
| *a. Federal | 10,843,638.00 |
| *b. Applicant | 1,117,136.00 |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 11,960,774.00 |

***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 04/22/2015
- 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 on next page.)**

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: Kevin

Middle Name:

*Last Name: Meikle

Suffix:

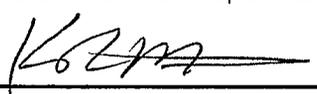
*Title: Director of Aviation

*Telephone Number: (559) 621-4600

Fax Number: (559) 498-5549

* Email: kevin.meikle@fresno.gov

*Signature of Authorized Representative:



*Date Signed:

4-22-15

Application for Federal Assistance SF-424

1. Type of Submission:

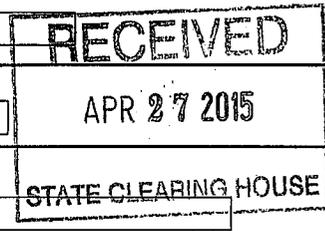
- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):



*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

*** a. Legal Name:**

Coachella Valley Housing Coalition

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

95-3814898

*** c. Organizational DUNS:**

6132810710000

d. Address:

*** Street1:**

45701 Monroe Street

Street2:

*** City:**

Indio

County/Parish:

Riverside

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

92201-3964

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

*** First Name:**

John

Middle Name:

F.

*** Last Name:**

Mealey

Suffix:

Title:

Executive Director

Organizational Affiliation:

Coachella Valley Housing Coalition

*** Telephone Number:**

(760) 347-3157

Fax Number:

(760) 342-6466

*** Email:**

john.mealey@cvhc.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Farm Labor Housing Loans and Grants / Rural Rental Assistance Payments

* 12. Funding Opportunity Number:

Section 514 and Section 516

* Title:

Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for off-farm Housing.

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Paseo de Los Heroes III is an 81 unit project to include 16- 2bd/1ba, 54-3bd/2ba, 11-4bd/2ba units, a community room, computer lab, fitness room, tot lot & sports court.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|---|
| * a. Federal | <input type="text" value="3,000,000.00"/> |
| * b. Applicant | <input type="text" value="30,113.00"/> |
| * c. State | <input type="text"/> |
| * d. Local | <input type="text" value="1,321,000.00"/> |
| * e. Other | <input type="text" value="22,737,443"/> |
| * f. Program Income | <input type="text"/> |
| * g. TOTAL | <input type="text" value="27,088,556"/> |

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.

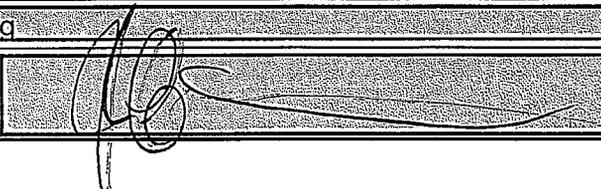
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

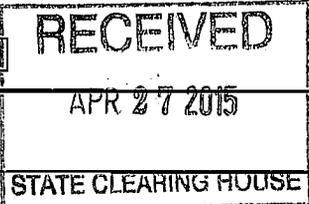
* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

Version 02

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



| | |
|-----------------------------------|-----------------------------------|
| * 3. Date Received: 04/27/2015 | 4. Applicant Identifier: _____ |
|-----------------------------------|-----------------------------------|

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

State Use Only:

| | |
|----------------------------------|---|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598001 |
|----------------------------------|---|

8. APPLICANT INFORMATION:

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

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

d. Address:

| |
|---------------------------------|
| * Street1: 1416 Ninth Street |
| Street2: Suite 1211 |
| * City: Sacramento |
| County: _____ |
| * State: CA: California |
| Province: _____ |
| * Country: USA: UNITED STATES |
| * Zip / Postal Code: 95814-5515 |

e. Organizational Unit:

| | |
|-----------------------|---|
| Department Name: CDFW | Division Name: Grants Management Branch |
|-----------------------|---|

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

| | |
|-----------------------------------|-----------------------|
| Prefix: Ms. | * First Name: Melissa |
| Middle Name: _____ | |
| * Last Name: Jones | |
| Suffix: _____ | |
| Title: Grant Administrator | |
| Organizational Affiliation: _____ | |

| | |
|--|-------------------|
| * Telephone Number: 916-327-0062 | Fax Number: _____ |
| * Email: Melissa.Jones@wildlife.ca.gov | |

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

*** Title:**

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

13. Competition Identification Number:

Title:

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

Santa Barbara (24), Ventura (24 & 26), Los Angeles (25 7 27), San Diego (50), Mono (8), Inyo, San Bernardino (8), Riverside (36), Imperial (51), Tuolumne (4), Fresno (22 & 23), Tulare (23), and Kern (23)

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

Wildlife Habitat Inventories and Research: Desert Bighorn Sheep Management Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-006

* b. Program/Project CA-ALL

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

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2016

18. Estimated Funding (\$):

| | |
|---------------------|------------|
| * a. Federal | 189,513.00 |
| * b. Applicant | 0.00 |
| * c. State | 63,171.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 252,684.00 |

* 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 04/27/2015.
- 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: 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: Lisa Bays * Date Signed: 04/27/2015

| Application for Federal Assistance SF-424 | | Version 02 | |
|---|--------------------|---|---|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * Other (Specify) _____ |
| * 3. Date Received: 04/27/2015 | | 4. Applicant Identifier: _____ | RECEIVED APR 27 2015 STATE CLEARING HOUSE |
| 5a. Federal Entity Identifier: _____ | | * 5b. Federal Award Identifier: _____ | |
| State Use Only: | | | |
| 6. Date Received by State: _____ | | 7. State Application Identifier: 01598016 | |
| 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: | 1416 NINTH STREET | | |
| Street2: | SUITE 1211 | | |
| * City: | SACRAMENTO | | |
| County: | _____ | | |
| * State: | CA: California | | |
| Province: | _____ | | |
| * Country: | USA: UNITED STATES | | |
| * Zip / Postal Code: | 95814 | | |
| e. Organizational Unit: | | | |
| Department Name: CDFW | | Division Name: Grants Management Branch | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | |
| Prefix: | Ms. | * First Name: | Melissa |
| Middle Name: | _____ | | |
| * Last Name: | Jones | | |
| Suffix: | _____ | | |
| Title: Grant Administrator | | | |
| Organizational Affiliation: _____ | | | |
| * Telephone Number: 916-327-0062 | | Fax Number: _____ | |
| * Email: Melissa.Jones@wildlife.ca.gov | | | |

| | |
|---|---|
| Application for Federal Assistance SF-424 | Version 02 |
| 9. Type of Applicant 1: Select Applicant Type: A: State Government | |
| Type of Applicant 2: Select Applicant Type: | |
| Type of Applicant 3: Select Applicant Type: | |
| * Other (specify): | |
| * 10. Name of Federal Agency: Fish and Wildlife Service | |
| 11. Catalog of Federal Domestic Assistance Number: 15.611 | |
| CFDA Title: Wildlife Restoration and Basic Hunter Education | |
| * 12. Funding Opportunity Number: F15AS00091 | |
| * Title: R8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies | |
| 13. Competition Identification Number: | |
| Title: | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): Imperial (51), Inyo (8), Mono (8), Riverside (36), and San Bernardino (8) | |
| * 15. Descriptive Title of Applicant's Project: Wildlife Surveys and Inventories; Wildlife Management of the Inland Deserts Region (Game) | |
| 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"/> |

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="771,272.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="257,091.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="1,028,363.00"/> |

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty field]

* Other (Specify)

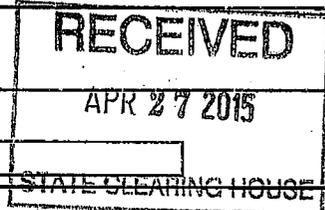
[Empty field]

* 3. Date Received:

04/25/2015

4. Applicant Identifier:

[Empty field]



5a. Federal Entity Identifier:

[Empty field]

* 5b. Federal Award Identifier:

F15A800092

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

G1598060

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1416 9TH STREET

Street2:

[Empty field]

* City:

SACRAMENTO

County:

[Empty field]

* State:

CA: California

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

CA DEPT OF FISH & WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

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:

(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:**

F15AS00092

*** 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.):

Butte, Colusa, Glen, Sacramento, San Joaquin, Sutter, and Yolo counties

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

LOWER SACRAMENTO RIVER ANADROMOUS FISH RESTORATION

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="360,297.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="120,099.00"/> |
| * 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="480,396.00"/> |

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

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

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

- Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

| Application for Federal Assistance SF-424 | | Version 02 | |
|---|--|---|---|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * Other (Specify) _____ |
| * 3. Date Received: 04/24/2015 | 4. Applicant Identifier: _____ | | RECEIVED APR 27 2015 STATE CLEARING HOUSE |
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: _____ | | |
| State Use Only: | | | |
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598018 | | |
| 8. APPLICANT INFORMATION: | | | |
| * a. Legal Name: STATE OF CALIFORNIA | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567 | | * c. Organizational DUNS: 8083223580000 | |
| d. Address: | | | |
| * Street1: | 1416 Ninth Street | | |
| Street2: | Suite 1211 | | |
| * City: | Sacramento | | |
| County: | _____ | | |
| * State: | CA: California | | |
| Province: | _____ | | |
| * Country: | USA: UNITED STATES | | |
| * Zip / Postal Code: | 95814-5515 | | |
| e. Organizational Unit: | | | |
| Department Name: CDFW | | Division Name: Grants Management Branch | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | |
| Prefix: | MS. | * First Name: | Melissa |
| Middle Name: | _____ | | |
| * Last Name: | Jones | | |
| Suffix: | _____ | | |
| Title: | Grant Administrator | | |
| Organizational Affiliation: _____ | | | |
| * Telephone Number: | 916-327-0062 | Fax Number: | _____ |
| * Email: | Melissa.Jones@wildlife.ca.gov | | |

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

*** Title:**

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

13. Competition Identification Number:

Title:

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

Imperial (51), Inyo (8), Mono (8), Riverside (36), and San Bernardino (8)

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

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

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="700,763.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="233,588.00"/> |
| * 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="934,351.00"/> |

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

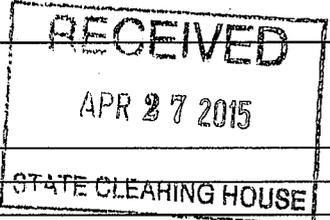
Application for Federal Assistance SF-424

Version 02

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

| | |
|--------------------|----------------------------|
| *3. Date Received: | 4. Application Identifier: |
|--------------------|----------------------------|

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



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

8. APPLICANT INFORMATION:

| | |
|--|------------------------------------|
| * a. Legal Name: Apple Valley View Mutual Water Company | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6102132 | *c. Organizational DUNS: 122334100 |

| | |
|---|--------------------------|
| d. Address: *Street1: P. O. Box 3680 Street 2: *City: Apple Valley County: San Bernardino *State: CA Province: Country: USA | *Zip/ Postal Code: 92307 |
|---|--------------------------|

| | |
|--------------------------------|----------------|
| e. Organizational Unit: | |
| Department Name: | Division Name: |

| | |
|---|-------------------|
| f. Name and contact information of person to be contacted on matters involving this application: | |
| Prefix: Mr. Middle Name: F. *Last Name: Owens Suffix: P.E. | First Name: James |
| Title: Consulting Engineer | |
| Organizational Affiliation: NV5, consulting engineer for Apple Valley View Mutual Water Company | |

| | |
|--|--------------------------|
| *Telephone Number: 858-385-0500 x- 187 | Fax Number: 858-385-0400 |
| *Email: james.owens@nv5.com | |

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Mutual Water Company

*10. Name of Federal Agency:

USDA - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Service area of Apple Valley View MWC (unincorporated San Bernardino County).

*15. Descriptive Title of Applicant's Project:

2015 USDA Water System Improvements

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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

| | |
|--|--|
| * 3. Date Received: 04/28/2015 | 4. Applicant Identifier: _____ |
|--|--|

RECEIVED
APR 28 2015
STATE CLEARING HOUSE

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

State Use Only:

| | |
|--|--|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598090 |
|--|--|

8. APPLICANT INFORMATION:

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

| | |
|--|--|
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567 | * c. Organizational DUNS: 808322358000 |
|--|--|

d. Address:

*** Street1:** 1416 9TH STREET
Street2: _____
*** City:** SACRAMENTO
County/Parish: _____
*** State:** CA: California
Province: _____
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 95814-0000

e. Organizational Unit:

| | |
|---------------------------------|---|
| Department Name: CDFW | Division Name: GRANTS MANAGEMENT BRANCH |
|---------------------------------|---|

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

Prefix: _____ *** First Name:** BRIAN
Middle Name: _____
*** Last Name:** SALAZAR
Suffix: _____

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

| | |
|---|--------------------------|
| * Telephone Number: 916-323-6201 | Fax Number: _____ |
|---|--------------------------|

*** Email:** BRIAN.SALAZAR@WILDLIFE.CA.GOV

Application for Federal Assistance SF-424

*** 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:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F15AS00160

*** Title:**

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

ASSESSING IMPACTS OF WILDFIRE ON CALIFORNIA SPOTTED OWLS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-006

* b. Program/Project: CA-004

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2018

18. Estimated Funding (\$):

| | |
|---------------------|------------|
| * a. Federal | 149,034.00 |
| * b. Applicant | 0.00 |
| * c. State | 80,249.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 229,283.00 |

*** 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 04/28/2015.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: LISA

Middle Name:

* Last Name: BAYS

Suffix:

* Title: STAFF SERVICES MANAGER I

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

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

* Signature of Authorized Representative: Lisa Bays * Date Signed: 04/28/2015

Application for Federal Assistance SF-424

Version 02

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

| | |
|-----------------------------------|-----------------------------------|
| * 3. Date Received: 04/28/2015 | 4. Applicant Identifier: _____ |
|-----------------------------------|-----------------------------------|

RECEIVED
APR 28 2015
STATE CLEARING HOUSE

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

| | | |
|-----------------|----------------------------------|---|
| State Use Only: | 6. Date Received by State: _____ | 7. State Application Identifier: G1598087 |
|-----------------|----------------------------------|---|

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

d. Address:

| | |
|----------------------|--------------------|
| * Street1: | 1416 9TH STREET |
| Street2: | _____ |
| * City: | SACRAMENTO |
| County: | _____ |
| * State: | CA: California |
| Province: | _____ |
| * Country: | USA: UNITED STATES |
| * Zip / Postal Code: | 95814 |

e. Organizational Unit:

| | |
|--------------------------|--|
| Department Name: CDFW | Division Name: GRANTS MANAGEMENT BRANCH |
|--------------------------|--|

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

| | | | |
|--------------|---------|---------------|-------|
| Prefix: | _____ | * First Name: | BRIAN |
| Middle Name: | _____ | | |
| * Last Name: | SALAZAR | | |
| Suffix: | _____ | | |

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

| | |
|----------------------------------|-------------------|
| * Telephone Number: 916-323-6201 | Fax Number: _____ |
|----------------------------------|-------------------|

* Email: BRIAN.SALAZAR@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:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F14AS00127

* Title:

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

13. Competition Identification Number:

Title:

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

INYO (8), KERN (21/23), AND TULARE (23) COUNTIES

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

KERN PLATEAU NATIVE FISH ASSEMBLAGE RESOURCE ASSESSMENT AND MANAGEMENT

Attach supporting documents as specified in agency instructions.

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="40,629.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="21,877.00"/> |
| * 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="62,506.00"/> |

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

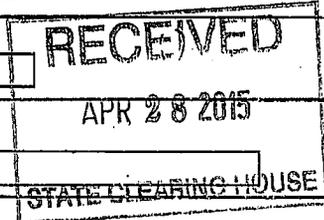
* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

| | |
|-----------------------------------|-----------------------------------|
| * 3. Date Received: 04/28/2015 | 4. Applicant Identifier: _____ |
|-----------------------------------|-----------------------------------|



| | |
|---|---|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: F15AS00092 |
|---|---|

State Use Only:

| | |
|----------------------------------|---|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598061 |
|----------------------------------|---|

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

d. Address:

| | |
|--------------------|--------------------|
| * Street1: | 1416 9TH STREET |
| Street2: | _____ |
| * City: | SACRAMENTO |
| County: | _____ |
| * State: | CA: California |
| Province: | _____ |
| * Country: | USA: UNITED STATES |
| * Zip/Postal Code: | 95814 |

e. Organizational Unit:

| | |
|--|--|
| Department Name: CA DEPT OF FISH AND WILDLIFE | Division Name: GRANTS MANAGEMENT BRANCH |
|--|--|

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

| | |
|--------------------|---------------------|
| Prefix: Mr. | * First Name: 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:**

F15AS00092

* 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; Congressional Districts CA 001, 004, and 005.

*** 15. 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

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 | 153,870.00 |
| * b. Applicant | 0.00 |
| * c. State | 51,290.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 205,160.00 |

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Redacted]

* Other (Specify)

[Redacted]

* 3. Date Received:

04/28/2015

4. Applicant Identifier:

[Redacted]

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APR 28 2015

5a. Federal Entity Identifier:

[Redacted]

* 5b. Federal Award Identifier:

F15AS00092

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

G1598063

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:

1416 9TH STREET

Street2:

[Redacted]

* City:

SACRAMENTO

County:

[Redacted]

* State:

CA: California

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

CA DEPT OF FISH & WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

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

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:**

F15AS00092

* 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.):

Statewide

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

Fish Hatchery Operations - Fish Health Laboratory

Attach supporting documents as specified in agency instructions.

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="371,936.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="123,979.00"/> |
| * 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="495,915.00"/> |

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

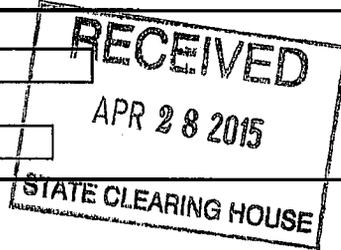
* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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



| | |
|-----------------------------------|-----------------------------------|
| * 3. Date Received: 04/27/2015 | 4. Applicant Identifier: _____ |
|-----------------------------------|-----------------------------------|

| | |
|---|---|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: F15AS00092 |
|---|---|

State Use Only:

| | |
|----------------------------------|---|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598072 |
|----------------------------------|---|

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

d. Address:

| | |
|----------------------|--------------------|
| * Street1: | 1416 9TH STREET |
| Street2: | _____ |
| * City: | SACRAMENTO |
| County: | _____ |
| * State: | CA: California |
| Province: | _____ |
| * Country: | USA: UNITED STATES |
| * Zip / Postal Code: | 95814 |

e. Organizational Unit:

| | |
|--|--|
| Department Name: CA DEPT OF FISH & WILDLIFE | Division Name: GRANTS MANAGEMENT BRANCH |
|--|--|

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

| | |
|-----------------------------|--------------------|
| Prefix: Mr. | * First Name: Pete |
| Middle Name: _____ | |
| * Last Name: Marcellana | |
| Suffix: _____ | |
| Title: GRANTS ADMINISTRATOR | |

Organizational Affiliation:

| | |
|------------------------------------|----------------------------|
| * Telephone Number: (916) 445-4658 | Fax Number: (916) 327-6320 |
|------------------------------------|----------------------------|

* 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:

F15AS00092

* 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.):

Counties: Shasta, Modoc, Siskiyou, Trinity, Del Norte, Tehama, Humbolt

* 15. Descriptive Title of Applicant's Project:

HERITAGE AND WILD TROUT RESOURCE ASSESSMENT MGT NR

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

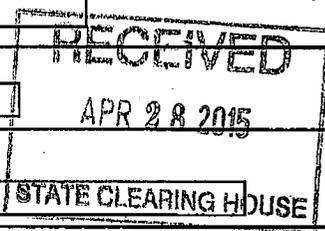
| | | |
|---|--|---|
| Application for Federal Assistance SF-424 | | Version 02 |
| 16. Congressional Districts Of: | | |
| * a. Applicant | <input type="text" value="CA-6"/> | * b. Program/Project <input type="text" value="CA-1"/> |
| Attach an additional list of Program/Project Congressional Districts 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="07/01/2015"/> | * b. End Date: <input type="text" value="06/30/2016"/> |
| 18. Estimated Funding (\$): | | |
| * a. Federal | <input type="text" value="40,245.00"/> | |
| * b. Applicant | <input type="text" value="0.00"/> | |
| * c. State | <input type="text" value="13,415.00"/> | |
| * 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="53,660.00"/> | |
| * 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="04/27/2015"/> |
| <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=""/> |
| 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="BLAINE"/> |
| Middle Name: | <input type="text"/> | |
| * Last Name: | <input type="text" value="NICKENS"/> | |
| Suffix: | <input type="text"/> | |
| * Title: | <input type="text" value="CHIEF, GRANTS MANAGEMENT BRANCH"/> | |
| * Telephone Number: | <input type="text" value="(916) 445-9300"/> | Fax Number: <input type="text" value="(916) 327-6320"/> |
| * Email: | <input type="text" value="blaine.nickens@wildlife.ca.gov"/> | |
| * Signature of Authorized Representative: | <input type="text" value="Blaine Nickens"/> | * Date Signed: <input type="text" value="04/27/2015"/> |

Application for Federal Assistance SF-424

Version 02

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

| | |
|-----------------------------------|-----------------------------------|
| * 3. Date Received: 04/27/2015 | 4. Applicant Identifier: _____ |
|-----------------------------------|-----------------------------------|



| | |
|---|---|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: F15AS00092 |
|---|---|

State Use Only:

| | |
|----------------------------------|---|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1598029 |
|----------------------------------|---|

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

d. Address:

| | |
|----------------------|--------------------|
| * Street1: | 1416 9TH STREET |
| Street2: | _____ |
| * City: | SACRAMENTO |
| County: | _____ |
| * State: | CA: California |
| Province: | _____ |
| * Country: | USA: UNITED STATES |
| * Zip / Postal Code: | 95814 |

e. Organizational Unit:

| | |
|--|--|
| Department Name: CA DEPT OF FISH & WILDLIFE | Division Name: GRANTS MANAGEMENT BRANCH |
|--|--|

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

| | |
|-----------------------------|--------------------|
| Prefix: Mr. | * First Name: PETE |
| Middle Name: _____ | |
| * Last Name: MARCELLANA | |
| Suffix: _____ | |
| Title: GRANTS ADMINISTRATOR | |

Organizational Affiliation:

| | |
|------------------------------------|----------------------------|
| * Telephone Number: (916) 445-4658 | Fax Number: (916) 327-6320 |
|------------------------------------|----------------------------|

* 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:**

F15AS00092

* 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.):

Mendocino and Sonoma, Napa, Marin, San Mateo, Santa Cruz, Santa Clara, Contra Costa, and Alameda Counties Congressional Districts 2, 5, 14, 15, 11, 18, and 19.

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

Northern Central Coast Watershed Restoration Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View 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="339,925.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="113,308.00"/> |
| * 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="453,233.00"/> |

* 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:

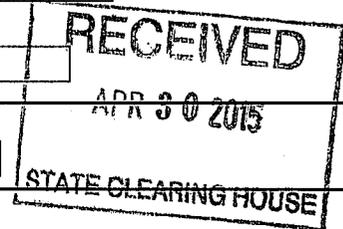
- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):



* 3. Date Received:

04/29/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

The Regents of the University of California

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

946036494

* c. Organizational DUNS:

6045919250000

d. Address:

* Street1:

Agriculture and Natural Resources, Contract and Grants

Street2:

2801 Second Street

* City:

Davis

County/Parish:

Yolo

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95618-7774

e. Organizational Unit:

Department Name:

Agricultural Issues Center

Division Name:

UC DANR

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

Prefix:

Prof.

* First Name:

Daniel

Middle Name:

A.

* Last Name:

Summer

Suffix:

Title:

Director and Professor

Organizational Affiliation:

University of California

* Telephone Number:

530 752 1668

Fax Number:

* Email:

dasummer@ucdavis.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

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

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

* Other (specify):
[Empty field]

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

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

[Empty field]

CFDA Title:
[Empty field]

*** 12. Funding Opportunity Number:**

USDA-NRCS-CIG-15-01

* Title:
USDA-NRCS-CIG-15-01

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:**

Evaluations of innovative dairy digester systems for manure management and greenhouse gas mitigation in California

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="168,966.00"/> |
| * b. Applicant | <input type="text" value="153,972.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="16,400.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="339,338.00"/> |

*** 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: