

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16 - 30, 2016**. 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		
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>
<p>* 3. Date Received:</p> <input type="text"/>	<p>4. Applicant Identifier:</p> <input type="text" value="1433-1684"/>	
<p>5a. Federal Entity Identifier:</p> <input type="text" value="1433-1684"/>	<p>5b. Federal Award Identifier:</p> <input type="text"/>	
<p><b>State Use Only:</b></p>		
<p>6. Date Received by State:</p> <input type="text"/>	<p>7. State Application Identifier:</p> <input type="text"/>	
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text" value="Genomatica, Inc."/></p>	<p><i>Governor's Office of Planning &amp; Research</i></p>	
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="330831527"/>	<p>* c. Organizational DUNS:</p> <input type="text" value="0714010900000"/>	<p><b>APR 18 2016</b></p> <p><b>STATE CLEARINGHOUSE</b></p>
<p><b>d. Address:</b></p>		
<p>* Street1:</p> <input type="text" value="4757 Nexus Center Drive"/>	<p>Street2:</p> <input type="text"/>	
<p>* City:</p> <input type="text" value="San Diego"/>	<p>County/Parish:</p> <input type="text"/>	
<p>* State:</p> <input type="text" value="CA: California"/>	<p>Province:</p> <input type="text"/>	
<p>* Country:</p> <input type="text" value="USA: UNITED STATES"/>	<p>* Zip / Postal Code:</p> <input type="text" value="92121-3051"/>	
<p><b>e. Organizational Unit:</b></p>		
<p>Department Name:</p> <input type="text"/>	<p>Division Name:</p> <input type="text"/>	
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
<p>Prefix: <input type="text" value="Dr."/></p>	<p>* First Name: <input type="text" value="Stephen"/></p>	
<p>Middle Name:</p> <input type="text"/>	<p>* Last Name: <input type="text" value="Van Dien"/></p>	
<p>Suffix:</p> <input type="text"/>	<p>Title: <input type="text" value="Senior Director, Technology"/></p>	
<p>Organizational Affiliation:</p> <input type="text"/>		
<p>* Telephone Number: <input type="text" value="858-362-8559"/></p>	<p>Fax Number: <input type="text"/></p>	
<p>* Email: <input type="text" value="svandien@genomatica.com"/></p>		

**Application for Federal Assistance SF-424**

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Energy

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

81.087

CFDA Title:

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

DE-FOA-0001433

\* Title:

MEGA-BIO: Bioproducts to Enable Biofuels

**13. Competition Identification Number:**

Title:

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

Genomatica Project Performance Site Location

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

Production of the nylon intermediate caprolactam to enable cost-effective production of linear alkanes for biofuel

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="7,619,614.00"/>
* b. Applicant	<input type="text" value="1,904,903.00"/>
* 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="9,524,517.00"/>

**\* 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	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____	
<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> 1433-1704
<b>5a. Federal Entity Identifier:</b> 1433-1704	<b>5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>	
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b> <span style="float: right;"><b>Governor's Office of Planning &amp; Research</b></span>	
<b>* a. Legal Name:</b> Genomatica, Inc.	<b>APR 18 2016</b>
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 330831527	<b>* c. Organizational DUNS:</b> <b>STATE CLEARINGHOUSE</b> 0714010900000
<b>d. Address:</b>	
<b>* Street1:</b> 4757 Nexus Center Drive	_____
<b>Street2:</b>	_____
<b>* City:</b> San Diego	_____
<b>County/Parish:</b>	_____
<b>* State:</b> CA: California	_____
<b>Province:</b>	_____
<b>* Country:</b> USA: UNITED STATES	_____
<b>* Zip / Postal Code:</b> 92121-3051	_____
<b>e. Organizational Unit:</b>	
<b>Department Name:</b>	<b>Division Name:</b>
_____	_____
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Dr.	<b>* First Name:</b> Stephen
<b>Middle Name:</b>	_____
<b>* Last Name:</b> Van Dien	_____
<b>Suffix:</b>	_____
<b>Title:</b> Senior Director, Technology	
<b>Organizational Affiliation:</b>	
_____	
<b>* Telephone Number:</b> 858-362-8559	<b>Fax Number:</b> _____
<b>* Email:</b> svandien@genomatica.com	

**Application for Federal Assistance SF-424**

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

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

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Energy

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

81.087

CFDA Title:

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

DE-FOA-0001433

\* Title:

MEGA-BIO: Bioproducts to Enable Biofuels

**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:**

Co-production of alkanes as an advanced biofuel and the specialty chemical 1,3-butanediol from biomass-derived methanol

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="7,825,826.00"/>
* b. Applicant	<input type="text" value="1,956,457.00"/>
* 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="9,782,283.00"/>

**\* 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
- 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

<b>1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>2. Type of Application:</b> If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation Other (specify): <input type="checkbox"/> Revision
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<b>3. Date Received:</b>	<b>4. Applicant Identifier:</b>
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<b>5a. Fed Entity Identifier:</b>	<b>5b. Federal Award Identifier:</b> DE-EE0006982
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<b>State Use Only:</b>	
<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>

**8. APPLICANT INFORMATION:**

<b>a. Legal Name:</b> Energy Commission, California	
<b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 680364962	<b>c. Organizational DUNS:</b> 002540768

<b>d. Address:</b>
Street 1: 1516 Ninth Street MS-18
Street 2:
City: Sacramento
County: SACRAMENTO County
State: CA
Province:
Country: U.S.A.
Zip / Postal Code: 958145512

*Governor's Office of Planning & Research*  
**APR 18 2016**  
**STATE CLEARINGHOUSE**

<b>e. Organizational Unit:</b>	
<b>Department Name:</b> Contracts, Grants and Loans Office	<b>Division Name:</b> Administrative and Financial Management Services

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

<b>Prefix:</b> Ms	<b>First Name:</b> Sandra
<b>Middle Name:</b>	
<b>Last Name:</b> Raymos	
<b>Suffix:</b>	
<b>Title:</b> Associate Governmental Program Analyst	
<b>Organizational Affiliation:</b> California Energy Commission	

<b>Telephone Number:</b> 9166544584	<b>Fax Number:</b> 9166544423
-------------------------------------	-------------------------------

<b>Email:</b> sandra.raymos@energy.ca.gov
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**APPLICATION FOR FEDERAL ASSISTANCE SF-424**

Version 02

**9. Type of Applicant:**

A State Government

**10. Name of Federal Agency:**

U. S. Department of Energy

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

81.041

CFDA Title:

State Energy Program

**12. Funding Opportunity Number:**

DE-SEP-0002016

Title:

State Energy Program 2016 Program Year Funding

**13. Competition Identification Number:**

SEP-ALRD-2016

Title:

State Energy Program Formula Award

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

Statewide

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

The State Energy Program (SEP) provides grants to states and directs funding to state energy offices from technology programs in DOE 's Office of Energy Efficiency and Renewable Energy. States use grants to address their energy priorities and program funding to adopt emerging renewable energy and energy efficiency technologies.

**APPLICATION FOR FEDERAL ASSISTANCE SF-424**

Version 02

**16. Congressional District Of:**

a. Applicant: California Congressional District 05

b. Program/Project: CA-Statewide

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

**17. Proposed Project:**

a. Start Date: 07/01/2016

b. End Date: 06/30/2017

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

a. Federal	2,571,700.00
b. Applicant	0.00
c. State	514,340.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	3,086,040.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on: 04/18/2016

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)**

No

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

I AGREE

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

**Authorized Representative:**

Prefix: Ms First Name: Rachel

Middle Name:

Last Name: Grant Kiley

Suffix:

Title: Manager

Telephone Number: 9166544379

Fax Number: 9166544423

Email: rachel.grant-kiley@energy.ca.gov

Signature of Authorized Representative: Signed Electronically

Date Signed:

**Application for Federal Assistance SF-424**

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify):

\*3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

GOVERNOR'S OFFICE OF PLANNING & RESEARCH

8. APPLICANT INFORMATION:

APR 20 2016

\*a. Legal Name:

Kashia Band of Pomo Indians of the Stewarts Point Rancheria

STATE CLEARINGHOUSE

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

94-219385

\*c. Organizational DUNS:

0344986620000

d. Address:

\*Street1:

1420 Guerneville Road, Suite 1

Street2:

\*City:

Santa Rosa

County/Parish:

Sonoma

\*State:

CA: California

Province:

\*Country:

USA: UNITED STATES

\*Zip / Postal Code:

95403-4124

e. Organizational Unit:

Department Name:

Environmental Planning

Division Name:

Emergency Management Coordinat

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

Prefix:

Mr.

\* First Name:

Enrique

Middle Name:

Jesus

\* Last Name:

Sánchez

Suffix:

Sr.

Title:

Emergency Management Coordinator

Organizational Affiliation:

Employee

\* Telephone Number:

7075910580

Fax Number:

7075910583

\* Email:

enrique@stewartspoint.org

**Application for Federal Assistance SF-424**

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security - FBMA

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

97.067

CFDA Title:

Homeland Security Grant Program

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

DHS-16-GPD-067-00-02

\* Title:

Fiscal Year 2016 Tribal Homeland Security Grant Program (THSGP)

**13. Competition Identification Number:**

Title:

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

Kashia Op Areas.pdf

Download Attachment

Delete Attachment

View Attachment

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

Kashia Infrastructure Resiliency Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

\* 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="715,325.00"/>
* 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="715,325.00"/>

\* 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**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
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<b>* 3. Date Received:</b> 04/15/2016	<b>4. Applicant Identifier:</b> _____	<i>Governor's Office of Planning &amp; Research</i>
--	--	---

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____	<b>APR 21 2016</b> <b>STATE CLEARINGHOUSE</b>
--	---	--

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> G1698086
---	--

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> STATE OF CALIFORNIA
---

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

**d. Address:**

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

**e. Organizational Unit:**

<b>Department Name:</b> CA DEPT OF FISH AND WILDLIFE	<b>Division Name:</b> FEDERAL ASSISTANCE SECTION
---	---

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

<b>Prefix:</b> _____	<b>* First Name:</b> STEVE
<b>Middle Name:</b> _____	
<b>* Last Name:</b> WONG	
<b>Suffix:</b> _____	
<b>Title:</b> GRANT ADMINISTRATOR	

**Organizational Affiliation:**  
\_\_\_\_\_

<b>* Telephone Number:</b> (916) 445-3694	<b>Fax Number:</b> _____
---	--------------------------

<b>* Email:</b> Steve.Wong@wildlife.ca.gov
--

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.605

**CFDA Title:**

Sport Fish Restoration Program

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

F16AS00078

**\* 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.):**

Add Attachment

Delete Attachment

View Attachment

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

SHELTER ISLAND BOAT LAUNCH FACILITY

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="7,087,500.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="2,362,500.00"/>
* 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="9,450,000.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_

**\* 3. Date Received:**

04/20/2016

**4. Applicant Identifier:**

\_\_\_\_\_

*Governor's Office of Planning & Research*

**APR 21 2016**

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**STATE CLEARINGHOUSE**

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

G1698075

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

State of California

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

94-1697567

**\* c. Organizational DUNS:**

8083223580000

**d. Address:**

**\* Street1:**

1831 9th Street

**Street2:**

\_\_\_\_\_

**\* City:**

Sacramento

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95811-7011

**a. Organizational Unit:**

**Department Name:**

CDFW

**Division Name:**

Federal Assistance Section

**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**

**\* 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:**

F16AS00077

**\* 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.):**

Add Attachment

Delete Attachment

View Attachment

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

Wildlife Habitat Development and Maintenance: Region 1

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="1,683,496.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="561,165.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="74,935.00"/>
* g. TOTAL	<input type="text" value="2,319,596.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424								
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision			<b>* If Revision, select appropriate letter(s):</b> A: Increase Award <b>* Other (Specify):</b>		
<b>* 3. Date Received:</b> 04/21/2016		<b>4. Applicant Identifier:</b> CA Dept of Food & Agriculture		Governor's Office of Planning & Research <b>APR 21 2016</b>				
<b>5a. Federal Entity Identifier:</b> USDA-APHIS-PPQ			<b>5b. Federal Award Identifier:</b> 16-8506-1005-CA <b>STATE CLEARINGHOUSE</b>					
<b>State Use Only:</b>								
<b>6. Date Received by State:</b> 04/21/2016		<b>7. State Application Identifier:</b> 15-0526-FR						
<b>8. APPLICANT INFORMATION:</b>								
<b>* a. Legal Name:</b> State of California								
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104			<b>* c. Organizational DUNS:</b> 8074876650000					
<b>d. Address:</b>								
<b>* Street1:</b> 3294 Meadowview Road								
<b>Street2:</b>								
<b>* City:</b> Sacramento								
<b>County/Parish:</b>								
<b>* State:</b> CA: California								
<b>Province:</b>								
<b>* Country:</b> USA: UNITED STATES								
<b>* Zip / Postal Code:</b> 95832-1437								
<b>e. Organizational Unit:</b>								
<b>Department Name:</b> Food & Agriculture			<b>Division Name:</b> PHPPS					
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>								
<b>Prefix:</b> Dr.		<b>* First Name:</b> Patrick						
<b>Middle Name:</b>								
<b>* Last Name:</b> Akers								
<b>Suffix:</b>								
<b>Title:</b> Branch Chief								
<b>Organizational Affiliation:</b>								
<b>* Telephone Number:</b> 916-262-1102			<b>Fax Number:</b> 916-262-2020					
<b>* Email:</b> patrick.akers@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 & Animal Disease Pest Control & Animal Care

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

n/a

\* Title:

n/a

**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:**

Pink Bollworm

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="220,825.00"/>
* 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="220,825.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

**\* Other (Specify):**

Governor's Office of Planning & Research

**\* 3. Date Received:**

04/20/2016

**4. Applicant Identifier:**

APR 21 2016

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

G1698008

STATE CLEARINGHOUSE

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:**

STATE OF CALIFORNIA

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

94-1697567

**\* c. Organizational DUNS:**

8083223580000

**d. Address:**

**\* Street1:**

1831 9TH STREET

**Street2:**

**\* City:**

SACRAMENTO

**County/Parish:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95811-7011

**e. Organizational Unit:**

**Department Name:**

CDFW

**Division Name:**

FEDERAL ASSISTANCE SECTION

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

**Prefix:**

**\* First Name:**

PETE

**Middle Name:**

**\* Last Name:**

MARCELLANA

**Suffix:**

**Title:**

**Organizational Affiliation:**

**\* Telephone Number:**

(916) 445-4658

**Fax Number:**

**\* Email:**

PETE.MARCELLANA@WILDLIFE.CA.GOV

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

**CFDA Title:**

Sport Fish Restoration Program

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

F16AS00078

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

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

HERITAGE AND WILD TROUT RESOURCE ASSESSMENT AND MANAGEMENT CENTRAL REGION (R4)

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="30,193.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="10,064.00"/>
* 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="40,257.00"/>

**\* 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**

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

Governor's Office of Planning & Research

APR 21 2016

<b>* 3. Date Received:</b> 04/20/2016	<b>4. Applicant Identifier:</b> _____
--	--

**STATE CLEARINGHOUSE**

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> G1698006
--	--

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> STATE OF CALIFORNIA
---

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

**d. Address:**

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

**e. Organizational Unit:**

<b>Department Name:</b> CDPW	<b>Division Name:</b> FEDERAL ASSISTANCE SECTION
---------------------------------	---

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

<b>Prefix:</b> _____	<b>* First Name:</b> PETE
<b>Middle Name:</b> _____	
<b>* Last Name:</b> MARCELLANA	
<b>Suffix:</b> _____	
<b>Title:</b> _____	

**Organizational Affiliation:**

_____
-------

<b>* Telephone Number:</b> (916) 445-4658	<b>Fax Number:</b> _____
---	--------------------------

<b>* Email:</b> PETE.MARCELLANA@WILDLIFE.CA.GOV
---

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F16AS00078

\* 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.):**

Add Attachment

Delete Attachment

View Attachment

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

SAN JOAQUIN DRAINAGE CHINOOK SALMON & STEELHEAD ENHANCEMENT

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="237,355.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="79,118.00"/>
* 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="316,473.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify):

[Empty field]

Governor's Office of Planning & Research

APR 21 2016

\* 3. Date Received:

04/20/2016

4. Applicant Identifier:

STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

[Empty field]

5b. Federal Award Identifier:

G1698004

**State Use Only:**

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

8083223580000

**d. Address:**

\* Street1:

1831 9TH STREET

Street2: [Empty field]

\* City:

SACRAMENTO

County/Parish: [Empty field]

\* State:

CA: California

Province: [Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

**e. Organizational Unit:**

Department Name:

CDFW

Division Name:

FEDERAL ASSISTANCE SECTION

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

Prefix:

[Empty field]

\* First Name:

PETE

Middle Name:

[Empty field]

\* Last Name:

MARCELLANA

Suffix:

[Empty field]

Title:

[Empty field]

Organizational Affiliation:

[Empty field]

\* Telephone Number:

(916) 445-4658

Fax Number:

[Empty field]

\* Email:

PETE.MARCELLANA@WILDLIFE.CA.GOV

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F16AS00078

\* 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.):**

Add Attachment

Delete Attachment

View Attachment

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

CENTRAL CALIFORNIA COAST FISH PASSAGE, STREAM AND LAKE HABITAT IMPROVEMENT

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="92,696.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="30,898.00"/>
* 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="123,594.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: XXXXXX	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
Governor's Office of Planning & Research		
8. APPLICANT INFORMATION: <span style="float: right;">APR 22 2015</span>		
* a. Legal Name: Sonoma County Water Agency	STATE CLEARINGHOUSE	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000539	* c. Organizational DUNS: 0746625030000	
d. Address:		
* Street1: 404 Aviation Blvd.	_____	
Street2: _____	_____	
* City: Santa Rosa	_____	
County/Parish: _____	_____	
* State: CA: California	_____	
Province: _____	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95403-9073	_____	
e. Organizational Unit:		
Department Name: Sonoma County Water Agency	Division Name: Administration Division	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Joan	
Middle Name: _____	_____	
* Last Name: Hultberg	_____	
Suffix: _____	_____	
Title: Administrative Services Officer I		
Organizational Affiliation: Sonoma County Water Agency		
* Telephone Number: 707-547-1902	Fax Number: 707-524-3782	
* Email: Joan.Hultberg@scwa.ca.gov		

**Application for Federal Assistance SF-424**

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security

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

97.047

CFDA Title:

Pre-Disaster Mitigation

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

DRS-16-MT-047-000-99

\* Title:

FY16 Pre-Disaster Mitigation

**13. Competition Identification Number:**

Title:

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

Areas Affected by the Project.pdf

Add Attachment

Delete Attachment

View Attachment

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

2018 Local Hazard Mitigation Update

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**  
 \* a. Applicant:  \* b. Program/Project:

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

**17. Proposed Project:**  
 \* a. Start Date:  \* b. End Date:

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

* a. Federal	<input type="text" value="125,000.00"/>
* b. Applicant	<input type="text" value="75,280.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="200,280.00"/>

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

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

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

* 1. Type of Submission: <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): _____
--	--	--

Governor's Office of Planning & Research

* 3. Date Received: 04/22/2016	4. Applicant Identifier: _____	APR 22 2016
-----------------------------------	-----------------------------------	-------------

STATE CLEARINGHOUSE

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: G1698005
---	---

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: STATE OF CALIFORNIA

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

**d. Address:**

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

**e. Organizational Unit:**

Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION
--------------------------	--

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

Prefix: \_\_\_\_\_ \* First Name: PETE  
Middle Name: \_\_\_\_\_  
\* Last Name: MARCELLANA  
Suffix: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organizational Affiliation: \_\_\_\_\_

\* Telephone Number: (916) 445-4658 Fax Number: \_\_\_\_\_

\* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.605

**CFDA Title:**

Sport Fish Restoration Program

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

F16AS00078

**\* 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.):**

Add Attachment

Delete Attachment

View Attachment

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

SAN JOAQUIN RIVER ANADROMOUS FISH MONITORING AND ASSESSMENTS

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="733,729.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="244,576.00"/>
* 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="978,305.00"/>

**\* 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**

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

<b>* 3. Date Received:</b> 04/22/2016	<b>4. Applicant Identifier:</b> _____
--	--

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> G1698007
--	--

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	<b>Governor's Office of Planning &amp; Research</b>
---	---	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> STATE OF CALIFORNIA	<b>* c. Organizational DUNS:</b> 8083223580000
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1697567	<b>STATE CLEARINGHOUSE</b>

**d. Address:**

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

**e. Organizational Unit:**

<b>Department Name:</b> CDFW	<b>Division Name:</b> FEDERAL ASSISTANCE SECTION
------------------------------	--

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

<b>Prefix:</b> _____	<b>* First Name:</b> PETE
<b>Middle Name:</b> _____	<b>* Last Name:</b> MARCELLANA
<b>Suffix:</b> _____	<b>Title:</b> _____
<b>Organizational Affiliation:</b> _____	

<b>* Telephone Number:</b> (916) 445-4658	<b>Fax Number:</b> _____
<b>* Email:</b> PETE.MARCELLANA@WILDLIFE.CA.GOV	

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F16AS00078

\* 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.):**

Add Attachment

Delete Attachment

View Attachment

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

CENTRAL REGION ENGINEERING MODELING SUPPORT

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="217,841.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="72,614.00"/>
* 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="290,455.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify):

\* 3. Date Received:

04/07/2016

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:

County of Monterey

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

94-6000524

\* c. Organizational DUNS:

8326541770000

d. Address:

\* Street1:

168 West Alisal 2nd Floor

Street2:

\* City:

Salinas

County/Parish:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

93901-2438

e. Organizational Unit:

Department Name:

Resource Management Agency

Division Name:

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

Prefix:

\* First Name:

Melanie

Middle Name:

\* Last Name:

Beretti

Suffix:

Title:

Special Programs Manager

Organizational Affiliation:

\* Telephone Number:

831-755-5285

Fax Number:

\* Email:

berettim@co.monterey.ca.us

Governor's Office of Planning & Research  
APR 22 2016  
STATE CLEARINGHOUSE

**Application for Federal Assistance SF-424**

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U.S Department of Homeland Security (DHS), FEMA

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

97.047

CFDA Title:

Pre-Disaster Mitigation

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

DHS-16-MT-047-0-099

\* Title:

FY 2016 Pre-Disaster Mitigation

**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:**

Carmel River Floodplain Restoration Project (Carmel River Project)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

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

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

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

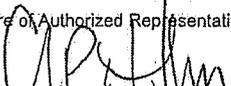
Authorized Representative:

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		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> [ ] <b>* Other (Specify):</b> [ ]		
<b>* 3. Date Received:</b> [ ]		<b>4. Applicant Identifier:</b> [ ]
<b>5a. Federal Entity Identifier:</b> [ ]		<b>5b. Federal Award Identifier:</b> XXXX
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> [ ]		<b>7. State Application Identifier:</b> [ ]
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Sonoma County Water Agency <span style="float: right;">Governor's Office of Planning &amp; Research</span>		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000539		<b>* c. Organizational DUNS:</b> 0746625030000
<b>APR 25 2016</b> <b>STATE CLEARINGHOUSE</b>		
<b>d. Address:</b>		
<b>* Street1:</b> 404 Aviation Blvd.		
<b>Street2:</b> [ ]		
<b>* City:</b> Santa Rosa		
<b>County/Parish:</b> [ ]		
<b>* State:</b> CA: California		
<b>Province:</b> [ ]		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 95403-9073		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> [ ]		<b>Division Name:</b> [ ]
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Ms.		<b>* First Name:</b> Joan
<b>Middle Name:</b> [ ]		
<b>* Last Name:</b> Hultberg		
<b>Suffix:</b> [ ]		
<b>Title:</b> Administrative Services Officer I		
<b>Organizational Affiliation:</b> Sonoma County Water Agency		
<b>* Telephone Number:</b> 707-547-1902		<b>Fax Number:</b> 707-524-3782
<b>* Email:</b> Joan.Hultberg@scwa.ca.gov		

**Application for Federal Assistance SF-424**

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security

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

97.047

CFDA Title:

Pre-Disaster Mitigation

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

DHS-16-MT-047-000-99

\* Title:

FY16 Pre-Disaster Mitigation

**13. Competition Identification Number:**

Title:

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

Areas Affected by the Project.pdf

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Water Transmission Pipeline Seismic Hazard Mitigation - Santa Rosa Creek Crossing

Attach supporting documents as specified in agency instructions.

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

**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	4,000,000.00
* b. Applicant	2,508,249.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	6,508,249.00

\* 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:

916-323-3018

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:

04/25/2016

4. Applicant Identifier:

\_\_\_\_\_ Governor's Office of Planning & Research

5a. Federal Entity Identifier:

\_\_\_\_\_

5b. Federal Award Identifier:

APR 25 2016

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

City of Fullerton

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

95-6000711

\* c. Organizational DUNS:

0818148810000

d. Address:

\* Street1:

1580 West Commonwealth Avenue

Street2:

\_\_\_\_\_

\* City:

Fullerton

County/Parish:

Orange

\* State:

CA: California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92833-2728

e. Organizational Unit:

Department Name:

Public Works Department

Division Name:

\_\_\_\_\_

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

Prefix:

Mr.

\* First Name:

Trung

Middle Name:

\_\_\_\_\_

\* Last Name:

Phan

Suffix:

\_\_\_\_\_

Title:

Project Manager

Organizational Affiliation:

City of Fullerton

\* Telephone Number:

714-736-5333

Fax Number:

\_\_\_\_\_

\* Email:

trungp@ci.fullerton.ca.us

<b>Application for Federal Assistance SF-424</b>			
<b>* 9. Type of Applicant 1: Select Applicant Type:</b>			
<input type="text" value="C: City or Township Government"/>			
Type of Applicant 2: Select Applicant Type:			
<input type="text"/>			
Type of Applicant 3: Select Applicant Type:			
<input type="text"/>			
* Other (specify):			
<input type="text"/>			
<b>* 10. Name of Federal Agency:</b>			
<input type="text" value="U.S. Department Homeland Security - FEMA"/>			
<b>11. Catalog of Federal Domestic Assistance Number:</b>			
<input type="text" value="97.047"/>			
CFDA Title:			
<input type="text" value="Pre-Disaster Mitigation"/>			
<b>* 12. Funding Opportunity Number:</b>			
<input type="text" value="DHS-16-MT-047-000-99"/>			
* Title:			
<input type="text" value="Pre-Disaster Mitigation Grant Program"/>			
<b>13. Competition Identification Number:</b>			
<input type="text"/>			
Title:			
<input type="text"/>			
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>			
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
<b>* 15. Descriptive Title of Applicant's Project:</b>			
<input type="text" value="This is a planning grant request to update the City's Local Hazard Mitigation Plan. This activity is consistent with the current Local Hazard Mitigation Plan."/>			
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**

**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="75,000.00"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* 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="100,000.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

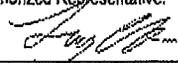
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

Governor's Office of Planning & Research

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

FY16 TSGP IJs

APR 25 2016

STATE CLEARINGHOUSE

**5a. Federal Entity Identifier:**

VTA

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

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

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

94-2186907

**\* c. Organizational DUNS:**

0922028370000

**d. Address:**

\* Street1: 3331 North First Street

Street2: \_\_\_\_\_

\* City: San Jose

County/Parish: \_\_\_\_\_

\* State: CA: California

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

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95134-1906

**e. Organizational Unit:**

**Department Name:**

Programming & Grants Management

**Division Name:**

Planning & Programming

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

Prefix: Mr. \* First Name: Mike

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

\* Last Name: Tasosa

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

Title: Senior Transportation Planner

**Organizational Affiliation:**

VTA

\* Telephone Number: (408) 321-5752

Fax Number: (408) 955-9765

\* Email: mike.tasosa@vta.org

**Application for Federal Assistance SF-424**

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security - FEMA

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

97.075

**CFDA Title:**

Rail and Transit Security Grant Program

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

DHS-16-GPD-075-00-02

**\* Title:**

Fiscal Year 2016 Transit Security Grant Program (TSGP)

**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:**

Enhanced Cyber Security for the SCADA System

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="5,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="5,000,000.00"/>

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

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

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

- Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify):

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

APR 25 2016

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

San Manuel Band of Mission Indians

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

33-0526268

\* c. Organizational DUNS:

0802646040000

d. Address:

\* Street1:

26569 Community Center Drive

Street2:

\* City:

Highland

County/Parish:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92346-6712

e. Organizational Unit:

Department Name:

San Manuel Fire Department

Division Name:

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

Prefix:

Mr.

\* First Name:

Mike

Middle Name:

\* Last Name:

Layne

Suffix:

Title:

Grants Administrator

Organizational Affiliation:

San Manuel Band of Mission Indians

\* Telephone Number:

909-864-8933 ext. 2168

Fax Number:

\* Email:

mlayne@sanmanuel-nsn.gov

**Application for Federal Assistance SF-424**

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security - FEMA

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

97.067

CFDA Title:

Homeland Security Grant Program

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

DHS-16-GPD-067-00-02

\* Title:

Fiscal Year 2016 Tribal Homeland Security Grant Program (THSGP)

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Mass Casualty Incident (MCI) Response Unit

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant: <input type="text" value="CA-031"/>	* b. Program/Project: <input type="text" value="CA-031"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="09/01/2016"/>	* b. End Date: <input type="text" value="08/31/2019"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input type="text" value="451,160.00"/>
* 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="451,160.00"/>
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="04/25/2016"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge, I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>	
<input checked="" type="checkbox"/> **I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Mike"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Layne"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Grants Administrator"/>	
* Telephone Number: <input type="text" value="909-864-8933 ext. 2168"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="mlayne@sanmanuel-nsn.gov"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

**Application for Federal Assistance SF-424**

<b>1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. Type of Application:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> Governor's Office of Planning & Research	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> _____ APR 26 2010			
<b>5a. Federal Entity Identifier:</b> 94-6003558		<b>* 5b. Federal Award Identifier:</b> STATE CLEARINGHOUSE			
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> City of Huron					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6003558			<b>* c. Organizational DUNS:</b> 122472640		
<b>d. Address:</b>					
<b>* Street 1:</b> 36311 S. Lassen Ave.					
<b>Street 2:</b> _____					
<b>* City:</b> Huron					
<b>County/Parish:</b> Fresno					
<b>* State:</b> California					
<b>Province:</b> _____					
<b>* Country:</b> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> 93234					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> N/A			<b>Division Name:</b> N/A		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Mr.		<b>* First Name:</b> Jack			
<b>Middle Name:</b> _____					
<b>* Last Name:</b> Castro					
<b>Suffix:</b> _____					
<b>Title:</b> City Manager					
<b>Organizational Affiliation:</b> N/A					
<b>* Telephone Number:</b> (559) 945-2241		<b>Fax Number:</b> (559) 945-2609			
<b>* Email:</b> jcastro001@yahoo.com					

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

21ST

\* b. Program/Project

21ST

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

\* a. Start Date:

03-01-2016

\* b. End Date:

02-28-2016

18. Estimated Funding (\$):

\* a. Federal

\$500,000.00

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL

\$500,000.00

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

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

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

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

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

Yes

No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

I AGREE

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

Authorized Representative:

Prefix:

Mr.

\* First Name:

Jack

Middle Name:

\* Last Name:

Castro

Suffix:

\* Title:

City Manager

\* Telephone Number:

(559) 945-2241

Fax Number:

(559) 945-2609

\* Email:

jackcastro@loyahco.com

\* Signature of Authorized Representative:

\* Date Signed:

4/19/16

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> 04/07/2016	<b>4. Applicant Identifier:</b> _____	Governor's Office of Planning & Research <b>APR 26 2016</b> STATE CLEARINGHOUSE
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> County of Monterey		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000524	<b>* c. Organizational DUNS:</b> 8326541770000	
<b>d. Address:</b>		
<b>* Street1:</b> 168 West Alisal 2nd Floor	_____	
<b>Street2:</b>	_____	
<b>* City:</b> Salinas	_____	
<b>County/Parish:</b>	_____	
<b>* State:</b> CA: California	_____	
<b>Province:</b>	_____	
<b>* Country:</b> USA: UNITED STATES	_____	
<b>* Zip / Postal Code:</b> 93901-2438	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Resource Management Agency	<b>Division Name:</b> _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> _____	<b>* First Name:</b> Melanie	_____
<b>Middle Name:</b> _____	_____	
<b>* Last Name:</b> Beretti	_____	
<b>Suffix:</b> _____	_____	
<b>Title:</b> Special Programs Manager		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 831-755-5285	<b>Fax Number:</b> _____	
<b>* Email:</b> berettim@co.monterey.ca.us		

**Application for Federal Assistance SF-424**

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U.S Department of Homeland Security (DHS), FEMA

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

97.047

CFDA Title:

Pre-Disaster Mitigation

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

DHS-16-MT-047-0-099

\* Title:

FY 2016 Pre-Disaster Mitigation

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachments

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

Carmel River Floodplain Restoration Project (Carmel River Project)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* 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="4,000,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="2,000,000.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="20,846,068.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="26,846,068.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> 04/07/2016	<b>4. Applicant Identifier:</b> _____	
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____ <b>Governor's Office of Planning &amp; Research</b> <b>APR 26 2016</b>	
<b>State Use Only:</b> <b>STATE CLEARINGHOUSE</b>		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> County of Monterey		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000524	<b>* c. Organizational DUNS:</b> 8326541770000	
<b>d. Address:</b>		
<b>* Street1:</b> 168 West Alisal 2nd Floor	_____	
<b>Street2:</b>	_____	
<b>* City:</b> Salinas	_____	
<b>County/Parish:</b>	_____	
<b>* State:</b> CA: California	_____	
<b>Province:</b>	_____	
<b>* Country:</b> USA: UNITED STATES	_____	
<b>* Zip / Postal Code:</b> 93901-2438	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Resource Management Agency	<b>Division Name:</b> _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> _____	<b>* First Name:</b> Melanie	
<b>Middle Name:</b> _____	_____	
<b>* Last Name:</b> Beretti	_____	
<b>Suffix:</b> _____	_____	
<b>Title:</b> Special Programs Manager		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 831-755-5285	<b>Fax Number:</b> _____	
<b>* Email:</b> berettim@co.monterey.ca.us		

**Application for Federal Assistance SF-424**

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U.S Department of Homeland Security (DHS), FEMA

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

97.029

CFDA Title:

Flood Mitigation Assistance

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

DHS-16-MT-029-000-99

\* Title:

FY 2016 Flood Mitigation Assistance

**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:**

Carmel River Floodplain Restoration Project (Carmel River Project)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA 20

\* b. Program/Project CA 20

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	9,200,204.00
* b. Applicant	
* c. State	4,245,000.00
* d. Local	
* e. Other	13,400,864.00
* f. Program Income	
* g. TOTAL	26,846,068.00

\* 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 04/25/2016
- 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: Carl

Middle Name:

\* Last Name: Holm

Suffix:

\* Title: Director, Resource Management Agency

\* Telephone Number: 831-755-5103 Fax Number: 831-755-5877

\* Email: HolmCP@co.monterey.ca.us

\* Signature of Authorized Representative: 

\* Date Signed: 04/25/2016

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> A: Increase Award <b>* Other (Specify):</b> Governor's Office of Planning & Research
---	---	---

<b>* 3. Date Received:</b> 3/21/16	<b>4. Applicant Identifier:</b> CA Dept of Food & Agriculture	APR 26 2016 STATE CLEARINGHOUSE
---------------------------------------	--	------------------------------------

<b>5a. Federal Entity Identifier:</b> 16-8506-0484-CA	<b>5b. Federal Award Identifier:</b>
--	--------------------------------------

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b> 15-0451-FR
-----------------------------------	--

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> State of California
---

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104	<b>* c. Organizational DUNS:</b> 8074876650000
--	---

**d. Address:**

<b>* Street1:</b> 1220 N Street
<b>Street2:</b>
<b>* City:</b> Sacramento
<b>County/Parish:</b> Sacramento
<b>* State:</b> CA: California
<b>Province:</b>
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 95814-5621

**e. Organizational Unit:**

<b>Department Name:</b> Food and Agriculture	<b>Division Name:</b> Pierce's Disease Control Prgm
--	---

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

<b>Prefix:</b>	<b>* First Name:</b> Roger
<b>Middle Name:</b>	
<b>* Last Name:</b> Spencer	
<b>Suffix:</b>	
<b>Title:</b> Environmental Program Manager II	
<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (916) 900-5024	<b>Fax Number:</b> (916) 900-5350
<b>* Email:</b> roger.spencer@cdfa.ca.gov	

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

USDA/APHIS/PPQ

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

10-025

**CFDA Title:**

Plant and Animal Disease, Pest Control and Animal Care

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

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

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

Pierce's Disease Control Program/Glassy-winged Sharpshooter

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="14,924,077.00"/>
* 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="14,924,077.00"/>

**\* 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.

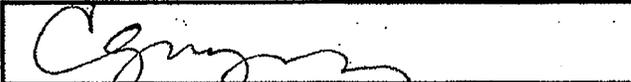
**Authorized Representative:**

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

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

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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** CSA 39 - Fresno County

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 946000512	<b>* c. Organizational DUNS:</b> 828927876	Governor's Office of Planning & Research
---	---	--

**d. Address:**

APR 20 2016  
STATE CLEARINGHOUSE

<b>* Street 1:</b>	2220 Tulare Street
<b>Street 2:</b>	_____
<b>* City:</b>	Fresno
<b>County/Parish:</b>	Fresno
<b>* State:</b>	California
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	93721

**e. Organizational Unit:**

<b>Department Name:</b> Public Works and Planning	<b>Division Name:</b> Special Districts
--	--

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

<b>Prefix:</b> _____	<b>* First Name:</b> Juan
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Cano	
<b>Suffix:</b> _____	

**Title:** Community Development Specialist

**Organizational Affiliation:**  
Contracted Project Technical Advisor

<b>* Telephone Number:</b> (559) 802-1674	<b>Fax Number:</b> (559) 651-3634
---	-----------------------------------

**\* Email:** juanc@selfhelpenterprises.org

**Application for Federal Assistance SF-424**

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

County Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

USDA Rural Development

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

10.763

CFDA Title:

Emergency Community Water Assistance Grant

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

\* Title:

West Church Ave Near CSA 39 Safe Drinking Water Project

**13. Competition Identification Number:**

Title:

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

CSA 39 - Fresno County, CA

Add Attachments

Delete Attachments

View Attachments

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

Extending water service to a small residential community by adding lateral connections to an already existing CSA main line running through the project area.

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="\$265,900.00"/>
* 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="\$265,900.00"/>

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

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

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

- Yes
- No

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: