

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1 - 15, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application *If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	RECEIVED
<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> Continuation * Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:	4. Application Identifier: AUG 01 2013	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: STATE CLEARING HOUSE 10-CA-11272172-055
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: The Regents of the University of California, Davis		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494		*c. Organizational DUNS: 04-712-0084
d. Address:		
*Street1: 1850 Research Park Drive, Suite 300		
Street 2:		
*City: DAVIS		
County: YOLO		
*State: CA		
Province:		
Country: USA		*Zip/ Postal Code: 95618-6153
e. Organizational Unit:		
Department Name: Office of Resarch		Division Name: Sponsored Programs
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		First Name: Kristin
Middle Name:		
*Last Name: Provost		
Suffix:		
Title: Contracts and Grants Analyst		
Organizational Affiliation: University of California, Davis		
*Telephone Number: 530-754-7700		Fax Number: 530-752-0333
*Email: proposals@ucdavis.edu		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **H. Public/State Controlled Institution of Higher Education**

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA/APHIS, PPQ

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

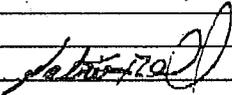
14. Areas Affected by Project (Cities, Counties, States, etc.):

DAVIS, YOLO, CA, USA

*15. Descriptive Title of Applicant's Project:

Studies on Thousand Cankers Disease of Walnut and Walnut Twig Beetle in California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of: CA-003		
*a. Applicant:	*b. Program/Project:	
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project: Studies on Thousand Cankers Disease of Walnut and Walnut Twig Beetle in California		
*a. Start Date: 09/22/13	*b. End Date: 06/30/2014	
18. Estimated Funding (\$):		
*a. Federal	\$30,000.00	
*b. Applicant	\$16,350.00	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$46,350.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 8/1/2013 <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> **I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	*First Name: Patrick	
Middle Name:		
*Last Name: Bell		
Suffix:		
*Title: Contracts and Grants Analyst		
*Telephone Number: 530-754-0114	Fax Number: 530-752-0333	
*Email: pbbell@ucdavis.edu		
*Signature of Authorized Representative: 	Date Signed: 07/31/2013	

Application for Federal Assistance SF-424

* 1. Type of Submission:
 Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:
 New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

AUG 01 2013

* 3. Date Received:

4. Applicant Identifier:
Dept. of Food and Agriculture

STATE CLEARING HOUSE

5a. Federal Entity Identifier:
13-8506-0689-CA

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: July 23, 2013

7. State Application Identifier: 12-0405-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):
68-0325104

* c. Organizational DUNS:
807487665

d. Address:

* Street1: 1220 N Street, Room 315

Street2: _____

* City: Sacramento

County: _____

* State: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:
California Department of Food and Agriculture

Division Name:
Plant Health & Pest Prevention Services

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

Prefix: _____ * First Name: Jason

Middle Name: K

* Last Name: Chan

Suffix: _____

Title: _____

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

* Email: jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

2013 Asian Defoliating Moth Survey

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 174,810

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 174,810

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

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

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

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

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

RECEIVED

AUG 01 2013

5a. Federal Entity Identifier:

13-8506-1621-CA

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

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: July 19, 2013

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):
68-0325104

* c. Organizational DUNS:
807487665

d. Address:

* Street1: 1220 N Street, Room 315

Street2:

* City: Sacramento

County:

* State: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:
California Department of Food and Agriculture

Division Name:
Plant Health & Pest Prevention Services

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

Prefix: * First Name: Jason

Middle Name: K

* Last Name: Chan

Suffix:

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

* Email: jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

2013 Stone Fruit Commodity-based Survey

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

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

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

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

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

* 3. Date Received:

4. Applicant Identifier:

Dept. of Food and Agriculture

AUG 02 2013

5a. Federal Entity Identifier:

13-8506-1050-CA

* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: August 1, 2013

7. State Application Identifier: 12-0406-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

68-0325104

* c. Organizational DUNS:

807487665

d. Address:

* Street1: 1220 N Street, Room 315

Street2:

* City: Sacramento

County:

* State: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

* First Name:

Jason

Middle Name:

K

* Last Name:

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

* Email: jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

2013 Citrus Commodities Survey

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 6/1/2013

* b. End Date: 5/31/2014

18. Estimated Funding (\$):

* a. Federal 405,244

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 405,244

*** 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 August 2, 2013

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

CA Department of Food & Agriculture

RECEIVED

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

13-8506-1613-CA

AUG 02 2013

State Use Only:

6. Date Received by State: 7/29/13

7. State Application Identifier: _____

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

68-0325104

* c. Organizational DUNS:

807487665

d. Address:

* Street1: 1220 N Street, Room 325

Street2: _____

* City: Sacramento

County: _____

* State: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health and Pest Prevention Services

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

Prefix: _____

* First Name: Courtney

Middle Name: _____

* Last Name: Albrecht

Suffix: _____

Title: Branch Chief

Organizational Affiliation: _____

* Telephone Number: 916.654.0312

Fax Number: 916.654.0986

* Email: courtney.albrecht@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

BMP ORNAMENTAL NURSERIES

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA;3rd

* b. Program/Project Statewide

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

17. Proposed Project:

* a. Start Date: 7/1/13

* b. End Date: 6/30/14

18. Estimated Funding (\$):

* a. Federal \$40,000

* b. Applicant

* c. State \$0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$40,000

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 8/1/13

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

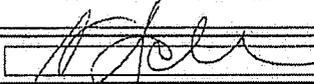
* Last Name: Myers

Suffix:

* Title: Federal Funds Manager

* Telephone Number: 916-403-6653 Fax Number:

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

* Signature of Authorized Representative:  * Date Signed: 7/31/2013

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Application Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01751

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation
 Organizational DUNS: 172070807
 Address: PO Box 942896
 City: Sacramento
 County: Sacramento
 State: California Zip Code: 94296-0001
 Country: USA

Organizational Unit: California Department of Parks and Recreation
 Division: Office of Grants and Local Services
 Name and telephone number of person to be contacted on matters involving this application (give area code)
 Prefix: Ms. First Name: Jean
 Middle Name:
 Last Name: Lacher
 Suffix:
 Email: Jean.Lacher@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 [68]-[0303606]

Phone Number (give area code): (916) 651-8597
 Fax Number (give area code): (916) 653-6511

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

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

9. NAME OF FEDERAL AGENCY:
 U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 [15]-[916]
 TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Dunlap Neighborhood Park Acquisition
 City of Yucaipa

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 06-2412326

13. PROPOSED PROJECT
 Start Date: Ending Date: 06/30/2016

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 03 b. Project 08

15. ESTIMATED FUNDING:

a. Federal	\$	322,580.00
b. Applicant	\$	300,000.00
c. State	\$	22,581.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	645,161.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: 08/05/2013
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Ms. First Name Jean Middle Name:
 Last Name Lacher Suffix:
 b. Title Chief
 c. Telephone Number (give area code) (916) 651-8597
 d. Signature of Authorized Representative *Jean A. Lacher* e. Date Signed 8-5-13

RECEIVED

AUG 05 2013

STATE CLEARING HOUSE

RECEIVED

AUG 05 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED

*** 3. Date Received:**

4. Applicant Identifier:

_____ **AUG 05 2013**

5a. Federal Entity Identifier:

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

_____ **STATE CLEARING HOUSE**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

*** a. Legal Name:**

GREAT NORTHERN CORPORATION

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

94-2562423

*** c. Organizational DUNS:**

131624751

d. Address:

*** Street1:**

780 South Davis Avenue

Street2:

*** City:**

Weed

County/Parish:

Siskiyou County

*** State:**

CA

Province:

*** Country:**

*** Zip / Postal Code:**

96094

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

*** First Name:**

Rod

Middle Name:

*** Last Name:**

Merys

Suffix:

Title:

Program Manager

Organizational Affiliation:

*** Telephone Number:**

530-938-4115 ext 112

Fax Number:

530-938-1040

*** Email:**

merys@gncCorp.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Private Non-Profit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Agriculture Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

Section 533

* Title:

Department of Agriculture Rural Housing Service Notice of Funds Availability for the Section 533 Housing Preservation Grants for Fiscal Year 2013

13. Competition Identification Number:

Title:

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

Siskiyou County

Add Attachment

Delete Attachment

View Attachment

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

USDA Housing Preservation Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* 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	\$70,601.70
* b. Applicant	\$33,771.38
* c. State	\$0.00
* d. Local	\$0.00
* e. Other	\$0.00
* f. Program Income	\$0.00
* g. TOTAL	\$104,373.08

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

RECEIVED

AUG 05 2013

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

5a. Federal Entity Identifier:	*5b. Federal Award Identifier: 13-8100-1697-CA
---------------------------------------	--

STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name: Pollinator Partnership (P2)**

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3283967	*c. Organizational DUNS: 129722497
--	--

d. Address:

***Street 1:** 423 Washington St.
Street 2: 5th Floor
***City:** San Francisco
County:
***State:** CA
Province:
Country: USA
***Zip/ Postal Code:** 94111

e. Organizational Unit:

Department Name:	Division Name:
-------------------------	-----------------------

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

Prefix: Ms. **First Name:** Laurie
Middle Name: Davies
***Last Name:** Adams
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 415-362-1137	Fax Number: 415-362-3070
--	---------------------------------

***Email:** LDA@pollinator.org

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U.S. Dept of Agriculture Animal and Plant Health Insepection Service (APHIS)

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number:

AP00ADRV24 and APPQPH0724

*Title: Plant and Animal Disease, Pest Control, and Animal Care

13. Competition Identification Number:

Title:

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

San Francisco, CA

Washington D.C.

Other US cities to be determined

*15. Descriptive Title of Applicant's Project:

Honey Bee Health Grant Program and the 2013 North American Pollinator Protection Campaign
(NAPPC) International Conference

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: San Francisco, CA and District of Columbia

*a. Applicant 12

*b. Program/Project: 12 and Washington D.C.

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

17. Proposed Project: Honey Bee Health Grant Program and the 2013 NAPPC International Conference

*a. Start Date: August 15, 2013

*b. End Date: August 14, 2015

18. Estimated Funding (\$):

*a. Federal	\$45,000.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$45,000.00

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

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

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Laurie

Middle Name: Davies

*Last Name: Adams

Suffix:

*Title: Executive Director

*Telephone Number: 415-362-1137

Fax Number: 415-362-3070

*Email: LDA@pollinator.org

*Signature of Authorized Representative: *Laurie Davies Adams* Date Signed: August 5, 2013

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01756
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: California-- Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896
City: Sacramento
County: Sacramento
State: California Zip Code 94296-0001
Country: USA

Organizational Unit: Department: California Department of Parks and Recreation
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Jean
Middle Name
Last Name Lacher
Suffix:
Email: Jean.Lacher@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code) (916) 651-8597
Fax Number (give area code) (916) 653-6511

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916
TITLE (Name of Program): Land & Water Conservation Fund

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, National Park Service

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Farmersville Park Development
City of Farmersville

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-23616

13. PROPOSED PROJECT
Start Date: Ending Date: 06/30/2016

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 21

15. ESTIMATED FUNDING:

a. Federal	\$	322,581.00
b. Applicant	\$	
c. State	\$	42,151.00
d. Local	\$	560,000.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	924,732.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 08/06/2013
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix Ms. First Name Jean Middle Name
Last Name Lacher Suffix
b. Title Chief
c. Telephone Number (give area code) (916) 651-8597
d. Signature of Authorized Representative *Jean Lacher* e. Date Signed 8-6-13

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STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01707

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: Street: PO Box 942896

City: Sacramento

County: Sacramento

State: California Zip Code 94296-0001

Country: USA

Organizational Unit: Department: California Department of Parks and Recreation

Division: Office of Grants and Local Services

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

Prefix: Ms. First Name: Jean

Middle Name

Last Name Lacher

Suffix:

Email: Jean.Lacher@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0303606

Phone Number (give area code) (916) 651-8597

Fax Number (give area code) (916) 653-6511

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

A. State

Other (specify)

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-916

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Marks Ranch Acquisition II, Zone 1
Wildlife Conservation Board

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-277589

13. PROPOSED PROJECT

Start Date: Ending Date: 06/30/2016

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 03 b. Project 20

15. ESTIMATED FUNDING:

a. Federal	\$	322,581.00
b. Applicant	\$	700,000.00
c. State	\$	52,688.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g-TOTAL	\$	1,075,269.00

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

a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/06/2013

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes if "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix Ms. First Name Jean Middle Name

Last Name Lacher Suffix

b. Title Chief

c. Telephone Number (give area code) (916) 651-8597

d. Signature of Authorized Representative *Jean Lacher* e. Date Signed 8-6-13

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

AUG 06 2013

STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01744
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
		Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: PO Box 942896		Prefix: Ms.	First Name: Jean
City: Sacramento		Middle Name	
County: Sacramento		Last Name Lacher	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: Jean.Lacher@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
---	--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Point Pinole Fish Pier Improvements East Bay Regional Park District
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-60620	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
--	---

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2016	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 7
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 125,806.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/06/2013
b. Applicant \$ 117,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 8,806.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 251,612.00	

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

a. Authorized Representative		
Prefix Ms.	First Name Jean	Middle Name
Last Name Lacher		Suffix
b. Title Chief, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 651-8597
d. Signature of Authorized Representative <i>Jean Lacher</i>		e. Date Signed 8-6-13

AUG 06 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		* If Revision, select appropriate letter(s): B * Other (Specify) B	
* 3. Date Received:		4. Application Identifier: AUG 07 2013			
5a. Federal Entity Identifier: MMH - 3-06-0146-		* 5b. Federal Award Identifier: STATE CLEARING HOUSE			
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Town of Mammoth Lakes					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067			* c. Organizational DUNS: 144603339		
d. Address:					
* Street1: 1300 Airport Road Street 2: * City: Mammoth Lakes County: Mono * State: California Province: Country: USA *Zip/ Postal Code: 93546					
e. Organizational Unit:					
Department Name: Public Works			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr. First Name: Brian Middle Name: * Last Name: Picken Suffix:					
Title: Assistant Airport Manager					
Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport					
* Telephone Number: 760-934-3813			Fax Number: 760-934-3119		
* Email: bpicken@ci.mammoth-lakes.ca.us					

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

* 15. Descriptive Title of Applicant's Project:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Wildlife Hazard Assessment

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-025

* a. Applicant CA-025

* b. Program/Project: CA-025

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

17. Proposed Project:

* a. Start Date: 2013

* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$56,880.00
*b. Applicant	\$6,320.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$63,200.00

***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 6-12-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Raymond

Middle Name:

*Last Name: Jarvis

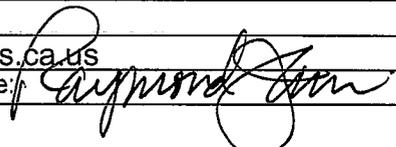
Suffix: P.E.

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

*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

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

*Signature of Authorized Representative: 

Date Signed: 8/1/2013

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

DATE SUBMITTED		Applic Identifier	N/A
1. TYPE OF SUBMISSION: Application	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01706

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: Department: California Department of Parks and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean
City: Sacramento	Middle Name
County: Sacramento	Last Name Lacher
State: California Zip Code 94296-0001	Suffix:
Country: USA	Email: Jean.Lacher@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-277528	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pillar Point Bluff Acquisition Wildlife Conservation Board
--	--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2016	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 14
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 967,742.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/07/2013
b. Applicant \$ 2,100,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 90,323.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes-If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$	
f. Program Income \$	
g. TOTAL \$ 3,158,065.00	

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

a. Authorized Representative	
Prefix Ms. First Name Jean	Middle Name
Last Name Lacher	Suffix
b. Title Chief	d. Telephone Number (give area code) (916) 651-8597
d. Signature of Authorized Representative <i>Jean A. Lacher</i>	e. Date Signed 8-7-13

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AUG 07 2013

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

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		DATE SUBMITTED	Applic Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01725

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896

City: Sacramento

County: Sacramento

State: California Zip Code 94296-0001

Country: USA

Organizational Unit: California Department of Parks and Recreation

Department: California Department of Parks and Recreation

Division: Office of Grants and Local Services

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

Prefix: Ms. First Name: Jean

Middle Name

Last Name Lacher

Suffix:

Email: Jean.Lacher@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606

8. TYPE OF APPLICATION: New Continuation Revision

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

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

A. State

Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

Phone Number (give area code) (916) 651-8597 Fax Number (give area code) (916) 653-6511

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pacifica (Municipal) Fishing Pier Repair, Phase II Wildlife Conservation Board

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-54806

13. PROPOSED PROJECT

Start Date: Ending Date: 06/30/2016

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 03 b. Project 12

15. ESTIMATED FUNDING:

a. Federal	\$	143,242.00
b. Applicant	\$	133,215.00
c. State	\$	10,027.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	286,484.00

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

a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/07/2013

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes. If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix Ms. First Name Jean Middle Name

Last Name Lacher Suffix

b. Title Chief

d. Signature of Authorized Representative *Jean A. Lacher*

Telephone Number (give area code) (916) 651-8597

e. Date Signed 8-7-13

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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

REVISED

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01706

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896

City: Sacramento

County: Sacramento

State: California Zip Code 94296-0001

Country: USA

Organizational Unit: California Department of Parks and Recreation

Department: California Department of Parks and Recreation

Division: Office of Grants and Local Services

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

Prefix: Ms. First Name: Jean

Middle Name

Last Name Lacher

Suffix:

Email: Jean.Lacher@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606

Phone Number (give area code) (916) 651-8597

Fax Number (give area code) (916) 653-6511

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

A. State

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pillar Point Bluff Acquisition Wildlife Conservation Board

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-277528

13. PROPOSED PROJECT

Start Date: Ending Date: 06/30/2016

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 03 b. Project 14

15. ESTIMATED FUNDING:

a. Federal	\$	967,742.00
b. Applicant	\$	2,100,000.00
c. State	\$	158,065.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	3,225,807.00

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

a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/07/2013

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix Ms. First Name Jean Middle Name

Last Name Lacher Suffix

b. Title Chief

c. Telephone Number (give area code) (916) 651-8597

d. Signature of Authorized Representative *Jean Lacher*

e. Date Signed 8-7-13

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Authorized for Local Reproduction

STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Fresno
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000512	* c. Organizational DUNS: 8289278760000
--	---

d. Address:

* Street1: 2220 Tulare Street, 8th Floor
Street2: _____
* City: Fresno
County/Parish: Fresno
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 93721-2132

e. Organizational Unit:

Department Name: Public Works and Planning	Division Name: Community Development
--	--

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

Prefix: Mrs.	* First Name: Gigi
Middle Name: _____	
* Last Name: Gibbs	
Suffix: _____	

Title: Division Manager

Organizational Affiliation: _____

* Telephone Number: (559) 600-4292	Fax Number: (559) 600-4573
---	-----------------------------------

* Email: ggibbs@co.fresno.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:**

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2013

* Title:

Rural Housing Preservation Grants

13. Competition Identification Number:

Title:

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

SF 424-Areas Affected by Project.docx

Add Attachment

Delete Attachment

View Attachment

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

Owner-Occupant Housing Rehabilitation Project in rural unincorporated Fresno County.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="50,000.00"/>
* b. Applicant	<input type="text" value="50,000.00"/>
* 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)

*3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Port of Oakland Acting by and through its Board of Port Commissioners

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

94-1746312

*c. Organizational DUNS:

009235326

d. Address:

*Street 1: 530 Water Street

Street 2: _____

*City: Oakland

County: _____

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code 94607

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e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.

*First Name: Christina

Middle Name: _____

*Last Name: Lee

Suffix: _____

Title: Port Grants Coordinator

Organizational Affiliation:

*Telephone Number: (510) 627-1510

Fax Number: (510) 893-7805

*Email: clee@portoakland.com

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

San Francisco Bay Area

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

Purchase and Installation of Preconditioned Air Units, South Field, OAK

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 7

*b. Program/Project: 4

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

17. Proposed Project:

*a. Start Date: 11/2013

*b. End Date: 04/2014

18. Estimated Funding (\$):

*a. Federal	_____	2,179,007
*b. Applicant	_____	524,811
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	2,703,818

***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 August 2, 2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Deborah

Middle Name: _____

*Last Name: Ale Flint

Suffix: _____

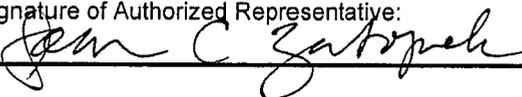
*Title: Director of Aviation

*Telephone Number: (510) 627-1133

Fax Number: (510) 568-8418

* Email: dale@portoakland.com

*Signature of Authorized Representative:



*Date Signed: August 2, 2013

Application for Federal Assistance SF-424		
* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application	* 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): B * Other (Specify) B
<input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> Revision	
* 3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier: KCIC - 3-06-0041-33	* 5b. Federal Award Identifier: RECEIVED	
State Use Only:		AUG 13 2013
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Chico		STATE CLEARING HOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000308	*c. Organizational DUNS: 08-528-7522	
d. Address:		
* Street1: 411 Main Street Street 2:		
* City: Chico County: Butte * State: California Province:		
Country: USA		*Zip/ Postal Code: 95927
e. Organizational Unit:		
Department Name: City Manager's Office	Division Name: Facilities - Airports	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr. Middle Name:	First Name: Kim	
* Last Name: Parks Suffix:		
Title: Facilities Manager		
Organizational Affiliation: City of Chico, City Manager's Office, Facilities - Airports		
* Telephone Number: 530-894-4200 Fax Number: 530-895-4731		
* Email: kpark@ci.chico.ca.us		

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Chico, Butte County and Adjacent Counties, California

* 15. Descriptive Title of Applicant's Project:

Chico Municipal Airport, Chico, Butte County, California: Upgrade Drainage of Intersections of Runway 13R-31L and T/Ws D & E; Remark Runways, Taxiways & Apron

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of: CA-002	
* a. Applicant CA-002	* b. Program/Project: CA-002
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: 2013	* b. End Date: 2013
18. Estimated Funding (\$):	
*a. Federal	\$263,258.00
*b. Applicant	\$29,251.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$292,509.00
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 7-31-2013	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).	
<input checked="" type="checkbox"/> **I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Brian
Middle Name: S.	
*Last Name: Nakamura	
Suffix:	
*Title: City Manager, City of Chico	
*Telephone Number: 530-896-7200	Fax Number: 530-895-4825
*Email: bnakamura@ci.chico.ca.us	
*Signature of Authorized Representative: 	Date Signed: 8-9-13

AUTHORIZED PURSUANT TO BUDGET POLICY G.6.a.
PARTICIPATION IN FEDERAL, STATE, OR OTHER
FUNDING ASSISTANCE PROGRAMS, AS CONTAINED
IN THE 2013-14 ANNUAL BUDGET

Application for Federal Assistance SF-424

***Applicant Federal Debt Delinquency Explanation**

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

[Empty text area for explanation]

Application for Federal Assistance SF-424

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: City of Los Angeles

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2675093	*c. Organizational DUNS: 128899460
--	---------------------------------------

d. Address:

*Street 1:	<u>1 World Way</u>
Street 2:	_____
*City:	<u>Los Angeles</u>
County:	_____
*State:	<u>CA</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>90045</u>

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e. Organizational Unit:

Department Name: Los Angeles World Airports	Division Name: Finance, Grants Administration
--	--

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

Prefix: <u>Ms.</u>	*First Name: <u>Lisa</u>
Middle Name: _____	
*Last Name: <u>Wellik</u>	
Suffix: _____	

Title: Manager, Grants Administration Section

Organizational Affiliation:
Los Angeles World Airports

*Telephone Number: 424-646-5254 Fax Number: 310-646-9223

*Email: lwellik@lawa.org

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

Federal Aviation Administration, Airport Division

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Los Angeles, County of Los Angeles

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

Part 150 Noise Exposure Maps Update at ONT

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

*a. Applicant: 43

*b. Program/Project: 35

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

17. Proposed Project:

*a. Start Date: November 2013

*b. End Date: November 2016

18. Estimated Funding (\$):

*a. Federal	400,000.00
*b. Applicant	100,000.00
*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 8/15/13.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Stephen

Middle Name: _____

*Last Name: Martin

Suffix: _____

*Title: Chief Operation Officer

*Telephone Number: 424-646-5040

Fax Number: 310-646-0523

* Email: smartin@lawa.org

*Signature of Authorized Representative:

*Date Signed: