

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1 - 15, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

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

RECEIVED

0 2014

*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	

STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: South Coast Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419	*c. Organizational DUNS: 025986159
--	---------------------------------------

d. Address:

*Street1: 21865 Copley Drive
Street 2:
*City: Diamond Bar
County: Los Angeles
*State: CA
Province:
Country: USA

*Zip/ Postal Code: 91765

e. Organizational Unit:

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

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

Prefix: First Name: Mary
Middle Name:
*Last Name: Leonard
Suffix:
Title: Financial Analyst

Organizational Affiliation:
Finance Division

*Telephone Number: 909-396-2780	Fax Number: 909-396-2765
*Email: mleonard@aqmd.gov	

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **CA-024-049**

*b. Program/Project: **CA-024-049**

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

17. Proposed Project:

*a. Start Date: **10/01/2014**

*b. End Date: **09/30/2015**

18. Estimated Funding (\$):

*a. Federal	\$4,897,819.00	*d. Local	\$3,900,000.00
*b. Applicant	\$104,984,794.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$113,782,613.00

*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 8/1/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

Middle Name: **R.**

*Last Name: **Wallerstein**

Suffix: **D. Env.**

*Title: **Executive Officer**

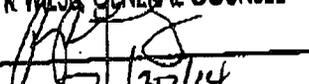
*Telephone Number: **909-396-2100**

Fax Number: **909-396-3340**

*Email: **bwallerstein@aqmd.gov**

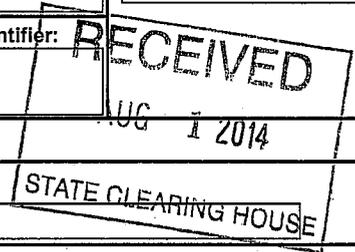
*Signature of Authorized Representative: **Barry R Wallerstein** Date Signed: **7/31/2014**

**APPROVED AS TO FORM
KURT R WISE, GENERAL COUNSEL**

By: 
Date: **7/30/14**

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission.</div> STATE USE ONLY: 3. Applicant Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 5. Date Received by State: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 4a. Federal Entity Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 6. State Application Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 4b. Federal Award Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation:		



7. APPLICANT INFORMATION:

* a. Legal Name: <div style="border: 1px solid black; padding: 2px;">Santa Clara Valley Transportation Authority (VTA)</div>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <div style="border: 1px solid black; padding: 2px;">94-2186907</div>	* c. Organizational DUNS: <div style="border: 1px solid black; padding: 2px;">0922028370000</div>
d. Address:	
* Street1: <div style="border: 1px solid black; padding: 2px;">3331 North First Street</div>	Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
* City: <div style="border: 1px solid black; padding: 2px;">San Jose</div>	County: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
* State: <div style="border: 1px solid black; padding: 2px; text-align: center;">CA: California</div>	Province: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
* Country: <div style="border: 1px solid black; padding: 2px; text-align: center;">USA: UNITED STATES</div>	* Zip / Postal Code: <div style="border: 1px solid black; padding: 2px;">95134-1906</div>

e. Organizational Unit:	
Department Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Division Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <div style="border: 1px solid black; padding: 2px;">Mr.</div>	* First Name: <div style="border: 1px solid black; padding: 2px;">Mike</div>	Middle Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
* Last Name: <div style="border: 1px solid black; padding: 2px;">Tasosa</div>		Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Title: <div style="border: 1px solid black; padding: 2px;">Senior Transportation Planner</div>		
Organizational Affiliation: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
* Telephone Number: <div style="border: 1px solid black; padding: 2px;">(408) 321-5752</div>	Fax Number: <div style="border: 1px solid black; padding: 2px;">(408) 955-9765</div>	
* Email: <div style="border: 1px solid black; padding: 2px;">mike.tasosa@vta.org</div>		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

D: Special District Government

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

Santa Clara County

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

17

b. Program/Project:

17

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

10/17/2014

b. End Date:

10/16/2015

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

504,000.00

b. Match (\$):

126,000.00

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

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

08/01/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

17. 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

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1																		
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <hr/> * 2. Date Received: <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission.</div> <hr/> 3. Applicant Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr/> 4a. Federal Entity Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr/> 4b. Federal Award Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																		
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d. Address: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;"> * Street1: <div style="border: 1px solid black; padding: 2px;">3331 North First Street</div> </td> <td style="width: 50%; border: 1px solid black; padding: 2px;"> Street2: <div style="border: 1px solid black; padding: 2px;">STATE CLEARING HOUSE</div> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> * City: <div style="border: 1px solid black; padding: 2px;">San Jose</div> </td> <td style="border: 1px solid black; padding: 2px;"> County: <div style="border: 1px solid black; height: 20px;"></div> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> * State: <div style="border: 1px solid black; padding: 2px; text-align: center;">CA: California</div> </td> <td style="border: 1px solid black; padding: 2px;"> Province: <div style="border: 1px solid black; height: 20px;"></div> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> * Country: <div style="border: 1px solid black; padding: 2px; text-align: center;">USA: UNITED STATES</div> </td> <td style="border: 1px solid black; padding: 2px;"> * Zip / Postal Code: <div style="border: 1px solid black; padding: 2px;">95134-1906</div> </td> </tr> </table>			* Street1: <div style="border: 1px solid black; padding: 2px;">3331 North First Street</div>	Street2: <div style="border: 1px solid black; padding: 2px;">STATE CLEARING HOUSE</div>	* City: <div style="border: 1px solid black; padding: 2px;">San Jose</div>	County: <div style="border: 1px solid black; height: 20px;"></div>	* State: <div style="border: 1px solid black; padding: 2px; text-align: center;">CA: California</div>	Province: <div style="border: 1px solid black; height: 20px;"></div>	* Country: <div style="border: 1px solid black; padding: 2px; text-align: center;">USA: UNITED STATES</div>	* Zip / Postal Code: <div style="border: 1px solid black; padding: 2px;">95134-1906</div>										
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Prefix: <div style="border: 1px solid black; padding: 2px;">Mr.</div>	* First Name: <div style="border: 1px solid black; padding: 2px;">Mike</div>	Middle Name: <div style="border: 1px solid black; height: 20px;"></div>																		
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* Telephone Number: (408) 321-5752	Fax Number: (408) 955-9765																			
* Email: mike.tasosa@vta.org																				

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

D: Special District Government

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

Santa Clara County

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

17

b. Program/Project:

17

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

10/17/2014

b. End Date:

10/16/2015

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

2,841,120.00

b. Match (\$):

710,280.00

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

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

08/01/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

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

** I Agree

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Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ • Other (Specify) _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	
State Use Only:	AUG 01 2014	
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION: STATE CLEARING HOUSE		
* a. Legal Name: County of San Luis Obispo		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-600939	* c. Organizational DUNS: 118246060	
d. Address:		
* Street 1: County Government Center, Room 206	Street 2: _____	
* City: San Luis Obispo	County/Parish: San Luis Obispo	
* State: CA	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 93408	
e. Organizational Unit:		
Department Name: Department of Public Works	Division Name: Utilities Division	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Jeff	
Middle Name: _____	* Last Name: Lee	
Suffix: _____	Title: Project Manager	
Organizational Affiliation: Utilities Division		
* Telephone Number: (805) 781-1043	Fax Number: (805) 788-2182	
* Email: jlee@co.slo.ca.us		

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="\$500,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="\$1,479,750.00"/>
* d. Local	<input type="text" value="\$8,250.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$1,988,000.00"/>

*** 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.

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

**** I AGREE**

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Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

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

*** Other (Specify)**



*** 3. Date Received:**

4. Applicant Identifier:

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:**

Monterey Bay Unified Air Pollution Control District

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

94-2301821

*** c. Organizational DUNS:**

125-103-275

d. Address:

*** Street1:**

24580 Silver Cloud Court

Street2:

*** City:**

Monterey

County:

Monterey

*** State:**

CA

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93940

e. Organizational Unit:

Department Name:

Administration

Division Name:

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

Prefix:

Mrs.

*** First Name:**

Joyce

Middle Name:

E

*** Last Name:**

Giuffre

Suffix:

Title:

Administrative Services Manager

Organizational Affiliation:

Monterey Bay Unified Air Pollution Control District

*** Telephone Number:**

831-647-9411, ext 229

Fax Number:

831-647-8501

*** Email:**

jgiuffre@mbuapcd.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:**

EPA Region IX

11. Catalog of Federal Domestic Assistance Number:

66.001

CFDA Title:

Air Pollution Control Program Support (105)

*** 12. Funding Opportunity Number:**

Section 105

* Title:

Clean Air Act

13. Competition Identification Number:

Title:

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

San Benito, Santa Cruz, and Monterey Counties

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

Basin Wide Pollution Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 16th

* b. Program/Project 16th

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

17. Proposed Project:

* a. Start Date: 10/1/2014

* b. End Date: 9/30/2015

18. Estimated Funding (\$):

* a. Federal \$ 291,475
* b. Applicant \$2,780,172
* c. State \$1,691,000
* d. Local
* e. Other \$ 283,814
* f. Program Income
* g. TOTAL \$5,046,461

*** 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 7/31/2014.

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Richard

Middle Name: A

* Last Name: Stedman

Suffix:

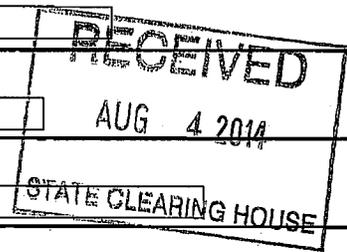
* Title: Air Pollution Control Officer

* Telephone Number: 831-647-9411, ext 206 Fax Number: 831-647-8501

* Email: rstedman@mbuapcd.org

* Signature of Authorized Representative:  * Date Signed: 7/29/14

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: N/A	
5a. Federal Entity Identifier: N/A	* 5b. Federal Award Identifier: N/A	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Peoples' Self-Help Housing Corporation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 9 5 2 7 5 0 1 5 4	* c. Organizational DUNS: 09-641-4412	
d. Address:		
* Street1: 3533 Empleo Street	_____	
Street2:	_____	
* City: San Luis Obispo	_____	
County: San Luis Obispo	_____	
* State: California	_____	
Province:	_____	
* Country: USA	_____	
* Zip / Postal Code: 93401	_____	
e. Organizational Unit:		
Department Name: N/A	Division Name: N/A	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Mark	
Middle Name:	_____	
* Last Name: Wilson	_____	
Suffix:	_____	
Title: Senior Project Manager		
Organizational Affiliation: Peoples' Self-Help Housing Corporation, Senior Project Manager		
* Telephone Number: (805) 540-2460	Fax Number: (805) 544-1901	
* Email: markw@pshhc.org		



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

O. Not for Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

1 0 4 1 5

CFDA Title:

Section 515 Multi-Family Housing

*** 12. Funding Opportunity Number:**

Section 515

*** Title:**

Section 515 Multi-Family Housing

13. Competition Identification Number:

Title:

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

City of Paso Robles, San Luis Obispo County, California

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

Acquisition and rehabilitation of Creston Gardens Apartments, an expiring use Section 515 multi-family affordable housing project located in Paso Robles, CA.

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="5,747,500.00"/>
* b. Applicant	<input type="text" value="249,995.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="4,437,715.00"/>
* f. Program Income	<input type="text" value="141,448.00"/>
* g. TOTAL	<input type="text" value="10,576,658.00"/>

*** 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 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**

- Application
- Plan
- Funding Request
- Other

* Other (specify)

[Empty box for other submission type]

*** 1.b. Frequency:**

- Annual
- Quarterly
- Other

* Other (specify)

[Empty box for other frequency]

RECEIVED
AUG 4 2014
STATE CLEARING HOUSE

*** 1.d. Version:**

- Initial
- Resubmission
- Revision
- Update

*** 2. Date Received:**

08/04/2014

STATE USE ONLY:

3. Applicant Identifier:

[Empty box for applicant identifier]

5. Date Received by State:

[Empty box for date received by state]

4a. Federal Entity Identifier:

[Empty box for federal entity identifier]

6. State Application Identifier:

[Empty box for state application identifier]

4b. Federal Award Identifier:

[Empty box for federal award identifier]

1.c. Consolidated Application/Plan/Funding Request?

- Yes
- No

Explanation:

7. APPLICANT INFORMATION:

*** a. Legal Name:**

San Francisco Municipal Transportation Agency

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

941160893

*** c. Organizational DUNS:**

956617435

d. Address:

*** Street1:**

1 South Van Ness Avenue, 8th floor

Street2:

[Empty box for street 2]

*** City:**

San Francisco

County:

San Francisco

*** State:**

CA: California

Province:

[Empty box for province]

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94103

e. Organizational Unit:

Department Name:

Capital Procurement & Managemet

Division Name:

Finance & IT

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

Prefix:

Mr.

*** First Name:**

Joel

Middle Name:

C.

*** Last Name:**

Goldberg

Suffix:

[Empty box for suffix]

Title: Manager, Capital Procurement & Management

Organizational Affiliation:

[Empty box for organizational affiliation]

*** Telephone Number:** 415-701-4499

Fax Number:

[Empty box for fax number]

*** Email:** joel.goldberg@sfmta.com

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

b. Program/Project:

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

13. FUNDING PERIOD:

a. Start Date:

b. End Date:

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

b. Match (\$):

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

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

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

Explanation:

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

** I Agree

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

Authorized Representative:

Prefix:

Ms.

* First Name:

Leda

Middle Name:

* Last Name:

Young

Suffix:

* Title:

Principal Grants Analyst

Organizational Affiliation:

* Telephone Number:

415-701-4336

* Fax Number:

415-701-4734

* Email:

leda.young@sfmta.com

* Signature of Authorized Representative:

Leda Young

* Date Signed:

08/04/2014

Attach supporting documents as specified in agency instructions.

Add Attachments

Get Attachments

View Attachments

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: 09/04/2014		STATE USE ONLY:	
		3. Applicant Identifier:		5. Date Received by State:	
		4a. Federal Entity Identifier:		6. State Application Identifier:	
		4b. Federal Award Identifier:			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation:					

7. APPLICANT INFORMATION:

* a. Legal Name: Alameda-Contra Costa Transit District	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1492636	* c. Organizational DUNS: 043236231
d. Address:	
* Street1: 1600 Franklin St	Street2: AUG 05 2014
* City: Oakland	County: STATE CLEARING HOUSE
* State: CA: California	Province:
* Country: USA: UNITED STATES	* Zip / Postal Code: 94612-2508
e. Organizational Unit:	
Department Name:	Division Name:
f. Name and contact information of person to be contacted on matters involving this submission:	
Prefix:	* First Name: Chris
	Middle Name:
* Last Name: Andrichak	Suffix:
Title: Senior Analyst, Capital Planning & Grants	
Organizational Affiliation:	
* Telephone Number: 510-891-4855	Fax Number:
* Email: candrichak@actransit.org	

RECEIVED

AUG 05 2014

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY Version 01.1

*** 8a. TYPE OF APPLICANT:**

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

b. Program/Project:

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

13. FUNDING PERIOD:

a. Start Date:

b. End Date:

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

b. Match (\$):

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

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

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No **Explanation**

17. 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

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix: * Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 03/31/2012**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New		A	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision		A	
* 3. Date Received:		4. Application Identifier:		RECEIVED AUG 06 2014	
5a. Federal Entity Identifier: 201 - 3-06-0191-013			* 5b. Federal Award Identifier:		
STATE CLEARING HOUSE					
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: County of Plumas					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528			* c. Organizational DUNS: 01-099-7419		
d. Address:					
* Street1: 198 Andy's Way Street 2:					
* City: Quincy County: Plumas * State: California Province: Country: USA					
* Zip/ Postal Code: 95971					
e. Organizational Unit:					
Department Name: Department of Facility Services			Division Name: Airports		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Dony			
Middle Name:					
* Last Name: Sawchuk					
Suffix:					
Title: Facility Services					
Organizational Affiliation: Plumas County, Department of Facility Services, Airports Division					
* Telephone Number: 530-283-6070			Fax Number: 530-283-6103		
* Email: DonySawchuk@countyofplumas.com					

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: B. County 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.):

Gansner Field, Quincy, Plumas County, California

* 15. Descriptive Title of Applicant's Project:

Gansner Field, Quincy, Plumas County, California: Engineering Design: Update Airfield Lighting, Reconstruct Runway 6-24 and Cross Taxiways A, B, C, and D; Construction: Equipment Maintenance Building

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$187,200.00
*b. Applicant	\$11,440.00
*c. State	\$9,360.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$208,000.00

***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 5-21-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes, No

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

Middle Name:

*Last Name: Sawchuk

Suffix:

*Title: Director, Facilities and Airports

*Telephone Number: 530-283-6070

Fax Number: 530-283-6103

*Email: DonySawchuk@countyofplumas.com

*Signature of Authorized Representative:

Date Signed:

August 6, 2014

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received:	4. Application Identifier:	RECEIVED AUG 07 2014 STATE CLEARING HOUSE
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	*c. Organizational DUNS: 0471200840000	

d. Address:

*Street1: 1850 RESEARCH PARK DRIVE Street 2: SUITE 300 *City: DAVIS County: YOLO *State: CA Province: Country: U.S.A.	*Zip/ Postal Code: 95618-6153
--	--------------------------------------

e. Organizational Unit:

Department Name: SPONSORED PROGRAMS OFFICE	Division Name: OFFICE OF RESEARCH
--	---

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

Prefix:	First Name: VICTORIA
Middle Name:	
*Last Name: SISSAC	
Suffix:	
Title: CONTRACTS AND GRANTS ANALYST	

Organizational Affiliation:

*Telephone Number: 530-754-8094	Fax Number: 530-752-0333
*Email: VSISSAC@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:
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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: USDA-GRANTS-032414-001
NATIONAL CLEAN PLANT NETWORK REQUEST FOR APPLICATIONS

13. Competition Identification Number:

Title:

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

NATIONWIDE

*15. Descriptive Title of Applicant's Project:

GRAPEVINE, FRUIT TREE, AND NUT TREE CLEAN PLANT PROGRAM AT FOUNDATION PLANT SERVICES, UNIVERSITY OF CALIFORNIA, DAVIS (2014-2015)

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: CA-003

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

17. Proposed Project:

*a. Start Date: 07/28/2014

*b. End Date: 07/27/2015

18. Estimated Funding (\$):

*a. Federal \$1,159,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$1,159,000.00

*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 07/24/2014

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

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

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

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: CHRIS

Middle Name:

*Last Name: DYE-HIXENBAUGH

Suffix:

*Title: CONTRACTS AND GRANTS OFFICER

*Telephone Number: 530-754-8034

Fax Number: 530-752-0333

*Email: CDDYE@UCDAVIS.EDU

*Signature of Authorized Representative: *Chris Dye-Hixenbaugh* Date Signed: *7/24/2014*

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

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

Application for Federal Assistance SF-424	
* 1. Type of Submission:	
<input type="checkbox"/> Preapplication	* 2. Type of Application:
<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Continuation
	<input type="checkbox"/> Revision
	* If Revision, select appropriate letter(s):
	<input type="text"/>
	* Other (Specify):
	<input type="text"/>
RECEIVED	
* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	<input type="text"/>
AUG 07 2014	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
<input type="text"/>	<input type="text"/>
STATE CLEARING HOUSE	
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
<input type="text"/>	<input type="text"/>
8. APPLICANT INFORMATION:	
* a. Legal Name: The Regents of the University of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6036494	604591925
d. Address:	
* Street1:	Office of Contracts and Grants
Street2:	2801 Second Street
* City:	Davis
County/Parish:	Yolo
* State:	CA
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95618-7774
e. Organizational Unit: UC ANR	
Department Name:	Division Name:
College of Natural Resources	Center for Forestry
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix:	* First Name: John
Middle Name: R.	
* Last Name:	Shelly
Suffix:	Ph.D
Title: Cooperative Extension Advisor	
Organizational Affiliation:	
<input type="text"/>	
* Telephone Number: (510) 865-3491	Fax Number:
	<input type="text"/>
* Email: jshelly@berkeley.edu	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Public State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Forest Service, Pacific SW Regions (R05)

11. Catalog of Federal Domestic Assistance Number:

10.672

CFDA Title:

SPEA Economic Action Program

*** 12. Funding Opportunity Number:**

* Title:

Woody Biomass Utilization

13. Competition Identification Number:

Title:

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

State of California

Add Attachment

Delete Attachment

View Attachment

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

Retaining and Expanding Wood Utilization and Biomass Energy Infrastructure, and Assessing Forest Products Life Cycle and Infrastructure Impacts on Green House Gas Emissions in California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

CA-003

* b. Program/Project

All

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

09/01/2014

* b. End Date:

08/31/2016

18. Estimated Funding (\$):

* a. Federal

75,534

* b. Applicant

30,214

* c. State

0

* d. Local

0

* e. Other

0

* f. Program Income

0

* g. TOTAL

105,748

*** 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

8/7/2014

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

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

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

Yes

No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Kendra

Middle Name:

* Last Name:

Rose

Suffix:

* Title:

Contracts and Grants Analyst

* Telephone Number:

530-750-1276

Fax Number:

* Email:

ktrose@ucanr.edu

* Signature of Authorized Representative:

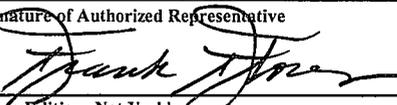
* Date Signed:

8-7-14

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 08/07/14	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> Construction * Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Grants Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Anne M. Flores (213) 922-4894	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 11 2014 </div>	
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): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Urbanized Area Formula Program – CMAQ CA-95-X255	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF		
Start Date 6/26/2013	Ending Date 12/30/2016	a. Applicant Districts 28 & 38	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 5,085,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>8/7/2014</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 1,711,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$.00		
g TOTAL	\$ 6,796,000.00		

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 Typed Name of Authorized Representative FRANK FLORES	b Title Executive Officer	c Telephone number (213) 922-2456
d Signature of Authorized Representative 	e. Date Signed 8/7/2014	

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: <input type="text" value="08/04/2014"/> 3. Applicant Identifier: <input type="text"/> 4a. Federal Entity Identifier: <input type="text"/> 4b. Federal Award Identifier: <input type="text"/>	STATE USE ONLY: 5. Date Received by State: <input type="text"/> 6. State Application Identifier: <input type="text"/>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>			

7. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Los Angeles County Metropolitan Transportation Authority"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-4401975"/>	* c. Organizational DUNS: <input type="text" value="044055523"/>	
d. Address:		
* Street1: <input type="text" value="One Gateway Plaza"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Los Angeles"/>	County: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="90012"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Ashad"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Hamideh"/>	Suffix: <input type="text"/>	
Title: <input type="text"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="213-922-4299"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="hamideha@metro.net"/>		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency/Transit Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-037

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

02/27/2015

b. End Date:

09/30/2016

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

9,299,970.00

b. Match (\$):

16,500,015.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/04/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

17. 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

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

<p>* 1.a. Type of Submission:</p> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other <p>* Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>* 1.b. Frequency:</p> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <p>* Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>* 1.d. Version:</p> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <hr/> <p>* 2. Date Received:</p> <div style="border: 1px solid black; padding: 2px;">08/04/2014</div> <hr/> <p>3. Applicant Identifier:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr/> <p>4a. Federal Entity Identifier:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr/> <p>4b. Federal Award Identifier:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>STATE USE ONLY:</p> <hr/> <p>5. Date Received by State:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr/> <p>6. State Application Identifier:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>1.c. Consolidated Application/Plan/Funding Request?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation</p>			
<p>7. APPLICANT INFORMATION:</p>			
<p>* a. Legal Name:</p> <div style="border: 1px solid black; padding: 2px;">Los Angeles County Metropolitan Transportation Authority</div>			
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <div style="border: 1px solid black; padding: 2px;">95-4401975</div>		<p>* c. Organizational DUNS:</p> <div style="border: 1px solid black; padding: 2px;">044055523</div>	
<p>d. Address:</p>			
<p>* Street1:</p> <div style="border: 1px solid black; padding: 2px;">One Gateway Plaza</div>		<p>Street2:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>* City:</p> <div style="border: 1px solid black; padding: 2px;">Los Angeles</div>		<p>County:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>* State:</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">CA: California</div>		<p>Province:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>* Country:</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">USA: UNITED STATES</div>		<p>* Zip / Postal Code:</p> <div style="border: 1px solid black; padding: 2px;">90012</div>	
<p>e. Organizational Unit:</p>			
<p>Department Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<p>Division Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>f. Name and contact information of person to be contacted on matters involving this submission:</p>			
<p>Prefix:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>* First Name:</p> <div style="border: 1px solid black; padding: 2px;">Ashad</div>	<p>Middle Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>* Last Name:</p> <div style="border: 1px solid black; padding: 2px;">Hamideh</div>		<p>Suffix:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>Title:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<p>Organizational Affiliation:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<p>* Telephone Number: 213-922-4299</p>		<p>Fax Number:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>* Email: hamideha@metro.net</p>			

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency/Transit Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-034

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

03/01/2015

b. End Date:

04/01/2016

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

1,600,000.00

b. Match (\$):

400,000.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/04/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

17. 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

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	STATE USE ONLY:
		* 2. Date Received: 08/05/2014	5. Date Received by State: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		3. Applicant Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	6. State Application Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		4a. Federal Entity Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
		4b. Federal Award Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation			

7. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles County Metropolitan Transportation Authority		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4401975	* c. Organizational DUNS: 044055523	
d. Address:		
* Street1: One Gateway Plaza	Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* City: Los Angeles	County: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* State: CA: California	Province: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 90012	
e. Organizational Unit:		
Department Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Division Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* First Name: Ashad	Middle Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
* Last Name: Hamideh	Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Title: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Organizational Affiliation: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
* Telephone Number: 213-922-4299	Fax Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* Email: hamideha@metro.net		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency/Transit Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-034

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

03/01/2015

b. End Date:

10/01/2018

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

2,744,000.00

b. Match (\$):

686,000.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/04/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

17. 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

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	* 2. Date Received: 08/04/2014	STATE USE ONLY:
		3. Applicant Identifier: <input type="text"/>	5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>	6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>		
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>				

7. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles County Metropolitan Transportation Authority	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4401975	* c. Organizational DUNS: 044055523
d. Address:	
* Street1: One Gateway Plaza	Street2: <input type="text"/>
* City: Los Angeles	County: <input type="text"/>
* State: CA: California	Province: <input type="text"/>
* Country: USA: UNITED STATES	* Zip / Postal Code: 90012

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
---	---

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

Prefix: <input type="text"/>	* First Name: Ashad	Middle Name: <input type="text"/>
* Last Name: Hamideh	Suffix: <input type="text"/>	
Title: <input type="text"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 213-922-4299	Fax Number: <input type="text"/>	
* Email: hamideha@metro.net		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency/Transit Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-044

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

05/01/2015

b. End Date:

12/31/2017

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

9,818,000.00

b. Match (\$):

15,660,000.00

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

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

08/04/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

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

** I Agree

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Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

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:

RECEIVED

AUG 12 2014

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

14-8100-1721-CA

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

REGENTS OF THE UNIVERSITY OF CALIFORNIA

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

946036494

*** c. Organizational DUNS:**

0471200840000

d. Address:

*** Street1:**

1850 RESEARCH PARK DRIVE, SUITE #300

Street2:

*** City:**

DAVIS

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95618-6153

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:**

Jinger

Middle Name:

*** Last Name:**

Snyder

Suffix:

Title:

CONTRACTS AND GRANTS ANALYST

Organizational Affiliation:

*** Telephone Number:**

530-752-3767

Fax Number:

530-752-0333

*** Email:**

jssnyder@ucdavis.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA APHIS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

10.025

* Title:

Minimizing socio-political impacts to maximize cost-effective control of emerging plant pests

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:**

Minimizing socio-political impacts to maximize cost-effective control of emerging plant pests.

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="99,500.00"/>
* 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="99,500.00"/>

* 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:

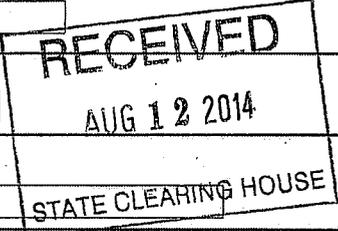
* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

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



* 3. Date Received: _____	4. Applicant Identifier: n/a
------------------------------	---------------------------------

5a. Federal Entity Identifier: n/a	5b. Federal Award Identifier: n/a
---------------------------------------	--------------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Peoples' Self-Help Housing Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2750154	* c. Organizational DUNS: _____
---	------------------------------------

d. Address:

* Street1:	3533 Empleo St.
Street2:	_____
* City:	San Luis Obispo
County/Parish:	San Luis Obispo
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93401

e. Organizational Unit:

Department Name: n/a	Division Name: n/a
-------------------------	-----------------------

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

Prefix: Mr.	* First Name: Morgan
Middle Name: _____	
* Last Name: Benevedo	
Suffix: _____	
Title: Project Manager	

Organizational Affiliation:

Peoples' Self Help Housing Corporation

* Telephone Number: 805-540-2475	Fax Number: 805-544-1901
----------------------------------	--------------------------

* Email: morgemb@pshhc.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Dept. of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Farm Labor Housing Loans and Grants

* 12. Funding Opportunity Number:

514/516

* Title:

Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing

13. Competition Identification Number:

Title:

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

Areas Affected by Project.pdf

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Los Adobes de Maria III

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="15,048,709.00"/>
* 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="15,048,709.00"/>

* 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) _____
--	--	---

RECEIVED

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	AUG 13 2014
--	--	--------------------

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

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** Mendocino Community Health Clinic, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0259045	* c. Organizational DUNS: 08-387-0196
--	---

d. Address:

* Street 1:	333 Laws Avenue
Street 2:	_____
* City:	Ukiah
County/Parish:	Mendocino
* State:	California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95482-6540

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: Linnea
Middle Name: Joan	
* Last Name: Hunter	
Suffix:	_____

Title: CEO

Organizational Affiliation:

* Telephone Number: (707) 472-4511	Fax Number: (707) 468-0174
---	-----------------------------------

*** Email:** lhunter@mchcinc.org

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

M. Nonprofit

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

USDA Community Facilities Grant Application

13. Competition Identification Number:

Title:

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

Mendocino County, CA

Add Attachments

Delete Attachments

View Attachments

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

Hillside Health Center Community Facilities Equipment Grant

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$20,000.00"/>
* b. Applicant	<input type="text" value="\$50,136.00"/>
* 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="\$70,136.00"/>

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:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(a):
<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	- Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	AUG 13 2014
Completed by Grants.gov upon submission.		
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: STATE CLEARING HOUSE	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Toiyabe Indian Health Project, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
95-2538049	09-861-5727	
d. Address:		
- Street 1:	52 Tu Su Lane	
Street 2:		
* City:	Bishop	
County/Parish:	Inyo	
* State:	California	
Province:		
* Country:	USA: UNITED STATES	
- Zip / Postal Code:	93514	
e. Organizational Unit:		
Department Name:	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr.	* First Name: Kerry
Middle Name:		
- Last Name:	Gragg	
Suffix:		
Title:	Owner Representative	
Organizational Affiliation:		
* Telephone Number:	(916) 949-0224	Fax Number:
* Email:	graggassociates@aol.com	

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

*** Other (specify):**

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

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

Bishop Paiute Tribe Reservation	Add Attachments	Delete Attachments	View Attachments
---------------------------------	-----------------	--------------------	------------------

*** 15. Descriptive Title of Applicant's 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 Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$12,587,095.00"/>
* b. Applicant	<input type="text" value="\$800,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$13,387,095.00"/>

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

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

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

Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

" I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- 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:

14-8506-1779-CA

* 5b. Federal Award Identifier:

14-8506-1779-CA

RECEIVED

AUG 14 2014

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

The Regents of the University of California

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

946036494

* c. Organizational DUNS:

047120084

d. Address:

* Street1:

1850 Research Park Drive, STE 300

Street2:

* City:

Davis

County:

Yolo

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

956165270

e. Organizational Unit:

Department Name:

Plant Pathology

Division Name:

CA&ES

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

Prefix:

* First Name:

Jinger

Middle Name:

* Last Name:

Snyder

Suffix:

Title:

Contracts and Grants Analyst

Organizational Affiliation:

Office of Research, Sponsored Programs

* Telephone Number:

530-752-3787

Fax Number:

530-752-0333

* Email:

ORSPC-TeamA-Proposals-US@ad3.ucdavis.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H. Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

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:

* 12. Funding Opportunity Number:

14-8506-1779

* Title:

Phytophthora wildland monitoring and diagnostics for California

13. Competition Identification Number:

Title:

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

Humboldt County, Del Norte County, Monterey County, Mendocino Count

* 15. Descriptive Title of Applicant's Project:

Phytophthora wildland monitoring and diagnostics for California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-003

* b. Program/Project

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

17. Proposed Project:

* a. Start Date: 09/01/2014

* b. End Date: 08/31/2015

18. Estimated Funding (\$):

* a. Federal 104,695.00
* b. Applicant 0
* c. State 0
* d. Local 0
* e. Other 0
* f. Program Income 0
* g. TOTAL 104,695

* 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 07/17/2014
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title: Contracts and Grants Analyst

* Telephone Number: 530-752-3767 Fax Number: 530-752-0333

* Email: jsnyder@ucdavis.edu

* Signature of Authorized Representative: [Signature] * Date Signed: 7-17-14

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 8/8/2014	Applicant Identifier 1615
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Southern California Association of Governments	Organizational Unit: Department: Finance
Organizational DUNS: 0753188320000	Division: Budget and Grants
Address: Street: 818 W. 7th Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr
City: Los Angeles	Middle Name
County: Los Angeles	Last Name Hernandez
State: CA	Zip Code 90017
Country: U.S.A.	Suffix:
Email: hernande@scag.ca.gov	

RECEIVED
 AUG 14 2014
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 95-2409649

7. TYPE OF APPLICANT: (See back of form for Application Types)
 N
 Other (specify)
 Designated Recipient - Metropolitan Planning Organization

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)
 5

9. NAME OF FEDERAL AGENCY:
 Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 20-516

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Administrative related work and oversight of Section 5316 JARC grant program.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Los Angeles, Riverside and San Bernardino Counties

13. PROPOSED PROJECT
 Start Date: 7/1/11 Ending Date: 6/30/16

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 21, 23-45, an d 48 b. Project 21, 23-45, an d 48

15. ESTIMATED FUNDING:

a. Federal Section 5316	\$	294,701.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL Section 5316	\$	294,701.00

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

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

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

a. Authorized Representative

Prefix Mr.	First Name Basil	Middle Name
Last Name Panas		Suffix
b. Title Chief Financial Officer		c. Telephone Number (give area code) 213.236.1800
d. Signature of Authorized Representative		e. Date Signed 8/8/2014

Previous Edition Usable
 Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify)

[Empty box]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

RECEIVED

5a. Federal Entity Identifier:

[Empty box]

* 5b. Federal Award Identifier:

AUG 14 2014

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

[Empty box]

7. State Application Identifier:

G1498025

8. APPLICANT INFORMATION:

RECEIVED

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

B083223580000

AUG 14 2014

d. Address:

STATE CLEARING HOUSE

* Street1:

1831 9TH STREET

Street2:

[Empty box]

* City:

SACRAMENTO

County:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

95811-7011

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

[Empty box]

* First Name:

STEVE

Middle Name:

[Empty box]

* Last Name:

WONG

Suffix:

[Empty box]

Title:

Grant Administrator

Organizational Affiliation:

[Empty box]

* Telephone Number:

916-445-3694

Fax Number:

916-327-6320

* Email:

steve.wong@wildlife.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:
Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

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

13. Competition Identification Number:

Title:

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

Statewide

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

CENTRAL VALLEY FISHERY RESOURCE ASSESSMENT AND MONITORING

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-006"/>	* b. Program/Project <input type="text" value="CA-all"/>
Attach an additional list of Program/Project Congressional Districts If needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="1,312,507.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="437,502.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="1,750,009.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/30/2014"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> -- I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Blaine"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Nickens"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSM II"/>	
* Telephone Number:	<input type="text" value="(916) 445-9300"/>	* Fax Number: <input type="text" value="916-327-6320"/>
* Email:	<input type="text" value="blaine.nickens@wildlife.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

_____ **AUG 14 2014**

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name:

_____ **Uncharted Shores Academy**

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

_____ **20-8281038**

* c. Organizational DUNS:

_____ **938188344**

d. Address:

* Street 1:

_____ **330 E Street**

Street 2:

* City:

_____ **Crescent City**

County/Parish:

* State:

_____ **California**

Province

* Country:

_____ **USA: UNITED STATES**

* Zip / Postal Code:

_____ **95531**

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:

_____ **Margie**

Middle Name:

* Last Name:

_____ **Rouge**

Suffix:

Title:

_____ **Executive Director**

Organizational Affiliation:

_____ **Uncharted Shores Academy**

* Telephone Number:

_____ **(707) 464-9828**

Fax Number: 707-464-1428

* Email:

_____ **margierouge@shoresacademy.com**

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Del Norte County

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

September 2014

* b. End Date:

Aug 2015

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?

yes

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

8/15/14

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

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

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

Yes

No

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:

Ms.

* First Name:

Margie

Middle Name:

* Last Name:

Rouge

Suffix:

* Title:

Executive Director

* Telephone Number:

(707) 954-6797

Fax Number:

707-464-1428

* Email:

Margie.Rouge@ShoresAcademy.com

* Signature of Authorized Representative:

Completed by Grants.gov upon submission

Date Signed:

Completed by Grants.gov upon submission

Margie Rouge

8-14-14

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED

AUG 14 2014

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: City of Livingston

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

946000360

* c. Organizational DUNS:

159904762

d. Address:

* Street1: 1416 C Street

Street2:

* City: Livingston

County: Merced

* State: CA

Province:

* Country: United States

* Zip / Postal Code: 95334

e. Organizational Unit:

Department Name:

Livingston Police Department

Division Name:

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

Prefix: Mrs.

* First Name: Deanna

Middle Name:

* Last Name: Soria

Suffix:

Title: Communications / Records Manager

Organizational Affiliation:

Livingston Police Department

* Telephone Number: (209) 394-5581

Fax Number: (209) 394-1195

* Email: dsoria@livingstonpd.org

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

B. Municipal

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:

1 0 7 6 6

CFDA Title:

Community Facilities Grant Program

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

City of Livingston

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

Purchase of marked emergency vehicles for the police department.

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="22,000.00"/>
* b. Applicant	<input type="text" value="74,302.89"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text" value="96,302.89"/>
* g. TOTAL	<input type="text" value="96,302.89"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

RECEIVED

*** 3. Date Received:**

4. Applicant Identifier:

AUG 14 2014

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

9355 Avenida Maria, L.P.

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

TBD

*** c. Organizational DUNS:**

TBD

d. Address:

*** Street1:**

5947 variel Aveue

Street2:

*** City:**

Woodland Hills

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

91367

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:**

Justin

Middle Name:

*** Last Name:**

Hardt

Suffix:

Title:

Executive Vice President

Organizational Affiliation:

*** Telephone Number:**

818-905-2430

Fax Number:

818-905-2440

*** Email:**

jhardt@corpoffices.org

Application for Federal Assistance SF-424

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

Other

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Limited Partnership w/ nonprofit Managing General Partner

* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

AMSackro

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

See attached description.

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-027

* b. Program/Project CA-023

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 09/15/2015

* b. End Date: 09/15/2016

18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	1,291,920.00
* c. State	
* d. Local	
* e. Other	19,337,918.00
* f. Program Income	
* g. TOTAL	23,629,838.00

* 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 08/14/2014 .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * Last Name: Hardt Suffix:

* Title: Executive Vice President

* Telephone Number: 818-905-2430 Fax Number: 818-905-2440

* Email: jhardt@corpoffices.org

* Signature of Authorized Representative: [Handwritten Signature]

* Date Signed: 08/14/2014

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

Preapplication

Application

Changed/Corrected Application

*2. Type of Application

New

Continuation

Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

AUG 15 2014

STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

Southern California Regional Rail Authority

5a. Federal Entity Identifier:

5802

*5b. Federal Award Identifier:

FTA Section 5309

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Regional Rail Authority

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

93-4351663

*c. Organizational DUNS:

8361404750000

d. Address:

*Street1: One Gateway Plaza, 12th Floor

Street 2:

*City: Los Angeles

County:

*State: California

Province:

Country: USA

*Zip/ Postal Code: 90012

e. Organizational Unit:

Department Name:

Grants & Planning

Division Name:

Planning & Development

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

Prefix:

Middle Name:

*Last Name: Sakoda

Suffix:

First Name: Karen

Title:

Planning Manager

Organizational Affiliation:

*Telephone Number: (213) 452-0264

Fax Number: (213) 452-0422

*Email: sakodak@scria.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **D. Special District Government**

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit Formula Grants

*12. Funding Opportunity Number:

*Title:

Urbanized Area Formula

13. Competition Identification Number:

Title:

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

Los Angeles County, Orange County, San Bernardino County, Riverside County and Ventura County

*15. Descriptive Title of Applicant's Project:

Rehabilitation of Metrolink track and structures.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

*a. Applicant Southern California Regional Rail *b. Program/Project: Annual Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 2/1/2015 *b. End Date: 3/31/2017

18. Estimated Funding (\$):

*a. Federal \$1,391,782.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$1,391,782.00

*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: Mr. *First Name: Michael

Middle Name: P.

*Last Name: DePallo

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (213) 452-0258

Fax Number:

*Email: depallo@scra.net

*Signature of Authorized Representative: *Michael DePallo* Date Signed: 8-15-14

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

Application for Federal Assistance SF-424 Version 02

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

RECEIVED

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	AUG 15 2014
---	--	-------------

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: F14A900033
--	---

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: G1498021
---	---

8. APPLICANT INFORMATION:

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

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

d. Address:

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

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

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

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

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

Organizational Affiliation: <input type="text"/>	
---	--

* Telephone Number: 916-445-4658	Fax Number: <input type="text"/>
----------------------------------	----------------------------------

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

OMB Number: 4040-0004
Expiration Date: 01/31/2008

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

*** Title:**

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

13. Competition Identification Number:

Title:

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

Trinity County

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

SALMON AND STEELHEAD MONITORING IN THE KLAMATH RIVER BASIN

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-005"/>	* b. Program/Project <input type="text" value="CA-01"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="450,424.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="150,141.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="600,565.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="02/19/2014"/>
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/>	** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="LISA.BAYS@WILDLIFE.CA.GOV"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received:	4. Application Identifier: Southern California Regional Rail Authority
--------------------	---

5a. Federal Entity Identifier: 5802	*5b. Federal Award Identifier: FTA Section 5307	RECEIVED
--	--	-----------------

State Use Only:	AUG 15 2014
-----------------	-------------

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

8. APPLICANT INFORMATION:	STATE CLEARING HOUSE
----------------------------------	-----------------------------

* a. Legal Name: Southern California Regional Rail Authority	*c. Organizational DUNS: 8361404750000
--	---

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663	
---	--

d. Address:		
*Street1: One Gateway Plaza, 12th Floor		
Street 2:		
*City: Los Angeles		
County:		
*State: California		
Province:		
Country: USA		*Zip/ Postal Code: 90012

e. Organizational Unit:		
Department Name: Grants & Planning	Division Name: Planning & Development	

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

Prefix:	First Name: Karen
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*Last Name: Sakoda	
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Suffix:	
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Title: Planning Manager	
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Organizational Affiliation:	
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*Telephone Number: (213) 452-0264	Fax Number: (213) 452-0422
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*Email: sakodak@scrra.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **D. Special District Government**

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit Formula Grants

*12. Funding Opportunity Number:

*Title:

Urbanized Area Formula

13. Competition Identification Number:

Title:

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

Los Angeles County, Orange County, San Bernardino County, Riverside County and Ventura County

*15. Descriptive Title of Applicant's Project:

Rehabilitation of rolling stock.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

*a. Applicant Southern California Regional Rail A *b. Program/Project: Annual Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 1/2/2015 *b. End Date: 7/31/2016

18. Estimated Funding (\$):

*a. Federal	\$2,739,372.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$2,739,372.00

*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: Mr. *First Name: Michael

Middle Name: P.

*Last Name: DePallo

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (213) 452-0258 Fax Number:

*Email: depallo@scrra.net

*Signature of Authorized Representative: *Michael DePallo* Date Signed: 7-28-14