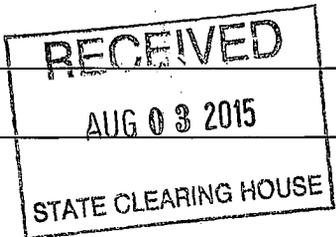


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1 - 15, 2015**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

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



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

5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier:
--	---------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Town of Mammoth Lakes

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067	*c. Organizational DUNS: 144603339
---	---------------------------------------

d. Address:

* Street1: 1300 Airport Road
Street 2:
* City: Mammoth Lakes
County: Mono
* State: California
Province:
Country: USA *Zip/ Postal Code: 93546

e. Organizational Unit:

Department Name: Public Works	Division Name: Airports
----------------------------------	----------------------------

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

Prefix: Mr. First Name: Brian
Middle Name:
* Last Name: Picken
Suffix:

Title: Assistant Airport Manager

Organizational Affiliation:
Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

* Telephone Number: (760) 934-3813 Fax Number: (760) 934-3119

* Email: bpicken@townofmammothlakes.ca.gov

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, Mono County, California

* 15. Descriptive Title of Applicant's Project:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California - Reconstruct General Aviation Aircraft Parking Apron A3 (20,000 sq. yd.) and Portion of Apron A2 (850 sq. yd.)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-025

*b. Program/Project: CA-025

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

17. Proposed Project:

*a. Start Date: 06/01/2015

*b. End Date: 10/31/2015

18. Estimated Funding (\$):

*a. Federal	1,607,565.00
*b. Applicant	165,615.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	1,773,180.00

***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 05/20/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Grady

Middle Name:

*Last Name: Dutton

Suffix:

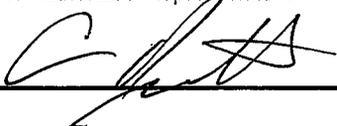
*Title: Director of Public Works, Town of Mammoth Lakes

*Telephone Number: (760) 934-8989

Fax Number: (760) 934-8608

* Email: gdutton@townofmammothlakes.ca.gov

*Signature of Authorized Representative:

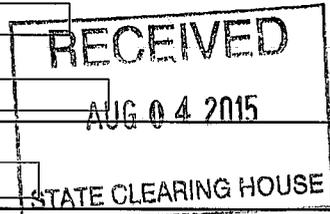


*Date Signed:

7/27/15

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:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Kettleman City Community Services District	
* b. Employer/Taxpayer Identification Number (EIN/TIN): *****3195	* c. Organizational DUNS: 883.696.031

d. Address:

* Street 1: 110 General Petroleum Avenue
Street 2: _____
* City: Kettleman City
County/Parish: Kings
* State: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 93239

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: Rosa
Middle Name: _____	
* Last Name: Maldonado	
Suffix: _____	
Title: Office Manager	
Organizational Affiliation: _____	
* Telephone Number: (559) 386-5866	Fax Number: (559) 386-9202
* Email: kccsd@att.net	

Application for Federal Assistance SF-424

9. Type of Applicant I - Select Applicant Type:

Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Assistance Grant

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Kettleman City Area

Add Attachments

Delete Attachments

View Attachments

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

Maud Street Groundwater Well Rehabilitation

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="\$142,000.00"/>
* 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="\$142,000.00"/>

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

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

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

- Yes
- No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

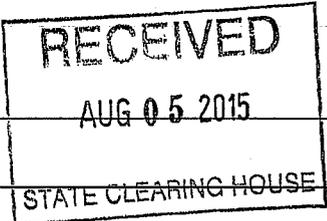
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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



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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Salinas	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 01-091-944	*c. Organizational DUNS:

d. Address:

* Street1: 30 Mortensen Ave	
Street 2:	
* City: Salinas	
County: Monterey	
* State: California	
Province:	
Country: United States	*Zip/ Postal Code: 93905

e. Organizational Unit:

Department Name: Public Works/Airports	Division Name: Airports
---	----------------------------

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

Prefix:	First Name: Brett
Middle Name:	
* Last Name: Godown	
Suffix:	
Title: Airport Manager	
Organizational Affiliation: City of Salinas	
* Telephone Number: (831) 758-7214	Fax Number:
* Email: brett.godown@ci.salinas.ca.us	

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration/Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City - Salinas, CA

County - Monterey County

State - California

* 15. Descriptive Title of Applicant's Project:

Rehabilitate Airfield Electrical (Design) including

- a. Replace City Owned REILS (13 Approach); b. Replace City Owned REILS (26 Approach); c. Install Two (2) supplemental Wind cones;
- d. Rehabilitate Airfield Vault (Replace 4 existing CCRs); e. Replace PAPI for 31 Approach; f. Replace Taxiway Edge Lights with LED Taxiway B edge light system (including fixtures and isolation transformers on existing bases); g. Modify airport guidance signs (five- 5) to meet standa

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 17

*b. Program/Project: 17

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

17. Proposed Project:

*a. Start Date: 09/01/2015

*b. End Date: 06/30/2016

18. Estimated Funding (\$):

*a. Federal	<u>83,843.00</u>
*b. Applicant	<u>9,316.00</u>
*c. State	<u> </u>
*d. Local	<u> </u>
*e. Other	<u> </u>
*f. Program Income	<u> </u>
*g. TOTAL	<u>93,159.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 08/05/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: *First Name: Brett

Middle Name:

*Last Name: Godown

Suffix:

*Title: Airport Manager

*Telephone Number: (831) 758-7214

Fax Number:

* Email: brett.godown@ci.salinas.ca.us

*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):

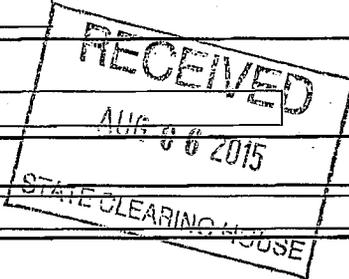
* Other (Specify):

*** 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: Southwest Wetlands Interpretive Association

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

95-3488027

* c. Organizational DUNS:

0275355360000

d. Address:

* Street1: 700 Seacoast Drive #108

Street2: _____

* City: Imperial Beach

County/Parish: _____

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 91932-1842

e. Organizational Unit:

Department Name: _____

Division Name: _____

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

Prefix: _____ * First Name: Mayda

Middle Name: C.

* Last Name: Winter

Suffix: _____

Title: Project Manager/Grant Administrator

Organizational Affiliation:

Southwest Wetlands Interpretive Association

* Telephone Number: 619-575-0550

Fax Number: 619-424-6420

* Email: swiaprojects@aol.com

Application for Federal Assistance SF-424

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

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:**

U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.630

CFDA Title:
Coastal Program

*** 12. Funding Opportunity Number:**

F15AS00005

* Title:
The Coastal Program

13. Competition Identification Number:

Title:

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

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

San Diego Bay Native Oyster Restoration and Living Shoreline 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.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="60,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="60,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424					
* 1. Type of Submission	* 2. Type of Application	* If Revision, select appropriate letter(s):			
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	- Select One -			
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify):			
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision				
* 3. Date Received:	4. Application Identifier: PVF				
5a. Federal Entity Identifier: 3-06-0188	* 5b. Federal Award Identifier:				
State Use Only:					
6. Date Received by State:	7. State Application Identifier:				
8. APPLICANT INFORMATION:					
* a. Legal Name: County of El Dorado					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000511	* c. Organizational DUNS: 071543201				
d. Address:					
* Street1: 2850 Fairlane Court	<table border="1"> <tr> <td style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</td> </tr> <tr> <td style="text-align: center; font-weight: bold;">AUG 07 2015</td> </tr> <tr> <td style="text-align: center; font-weight: bold;">STATE CLEARING HOUSE</td> </tr> </table>		RECEIVED	AUG 07 2015	STATE CLEARING HOUSE
RECEIVED					
AUG 07 2015					
STATE CLEARING HOUSE					
Street 2:					
* City: Placerville					
County: El Dorado					
* State: California					
Province:					
Country: United States	* Zip/ Postal Code: 95667				
e. Organizational Unit:					
Department Name: Community Development Agency	Division Name: Administration and Finance				
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.	First Name: Sherrie				
Middle Name:					
* Last Name: Busby					
Suffix:					
Title: Administrative Services Officer					
Organizational Affiliation: County of El Dorado, Community Development Agency, Administration and Finance Division, Operations Unit, Airports					
* Telephone Number: (530) 621-5984	Fax Number: (530) 626-0387				
* Email: sherrie.busby@edcgov.us					

Application for Federal Assistance SF-424

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- 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:

N/A

Title:

13. Competition Identification Number: N/A

Title:

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

Placerville, El Dorado County, California

* 15. Descriptive Title of Applicant's Project:

Crack Seal and Remark Runway 5-23, Taxiways, Aprons and Taxilanes (Construction)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*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: 10/01/2015

*b. End Date: 12/31/2016

18. Estimated Funding (\$):

*a. Federal	276,752.00
*b. Applicant	16,913.00
*c. State	13,837.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	307,502.00

***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 on next page.)**

- Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Steven
Middle Name: M.
*Last Name: Pedretti
Suffix:

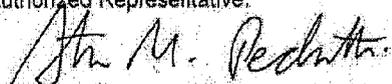
*Title: Director of Community Development Agency

*Telephone Number: (530) 621-5914

Fax Number: (530) 626-0387

* Email: steve.pedretti@edcgov.us

*Signature of Authorized Representative:

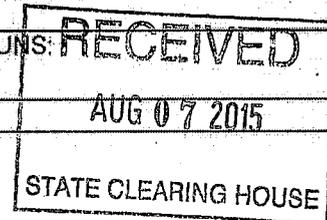


*Date Signed:

8/6/15

Application for Federal Assistance SF-424

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): - Select One - * Other (Specify)	
* 3. Date Received:		4. Application Identifier: E36			
5a. Federal Entity Identifier: 3-06-0093			* 5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: County of El Dorado					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000511			* c. Organizational DUNS: 071543201		
d. Address:					
* Street 1: 2850 Fairlane Court Street 2: * City: Placerville County: El Dorado * State: California Province: Country: United States * Zip/ Postal Code: 95667					
e. Organizational Unit:					
Department Name: Community Development Agency			Division Name: Administration and Finance		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		First Name: Sherrie			
Middle Name:					
* Last Name: Busby					
Suffix:					
Title: Administrative Services Officer					
Organizational Affiliation: County of El Dorado, Community Development Agency, Administration and Finance Division, Operations Unit, Airports					
* Telephone Number: (530) 621-5984			Fax Number: (530) 626-0387		
* Email: sherrie.busby@edcgov.us					



Application for Federal Assistance SF-424

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- 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: N/A

Title:

13. Competition Identification Number: N/A

Title:

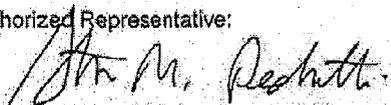
14. Areas Affected by Project (Cities, Counties, States, etc.):

Georgetown, El Dorado County, California

* 15. Descriptive Title of Applicant's Project:

Pavement Maintenance Management Program (PMMP)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*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: 09/01/2015	*b. End Date: 07/31/2016
18. Estimated Funding (\$):	
*a. Federal	32,405.00
*b. Applicant	1,981.00
*c. State	1,620.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	36,006.00
*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="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 on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Steven
Middle Name: M.	
*Last Name: Pedretti	
Suffix:	
*Title: Director of Community Development Agency	
*Telephone Number: (530) 621-5914	Fax Number: (530) 628-0387
* Email: steve.pedretti@edcgov.us	
*Signature of Authorized Representative: 	*Date Signed: 8/6/15

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		- Select One -	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:			4. Application Identifier:		
			E36		
5a. Federal Entity Identifier:			* 5b. Federal Award Identifier:		
3-06-0188					
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: County of El Dorado					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
94-6000511			071543201		
d. Address:					
* Street 1: 2850 Fairlane Court					
Street 2:					
* City: Placerville					
County: El Dorado					
* State: California					
Province:					
Country: United States			* Zip/ Postal Code: 95667		
e. Organizational Unit:					
Department Name:			Division Name:		
Community Development Agency			Administration and Finance		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		First Name: Sherrie			
Middle Name:					
* Last Name: Busby					
Suffix:					
Title: Administrative Services Officer					
Organizational Affiliation:					
County of El Dorado, Community Development Agency, Administration and Finance Division, Operations Unit, Airports					
* Telephone Number: (530) 621-5984			Fax Number: (530) 626-0387		
* Email: sherrie.busby@edcgov.us					

RECEIVED
 AUG 07 2015
 STATE CLEARING HOUSE

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: N/A

Title:

13. Competition Identification Number: N/A

Title:

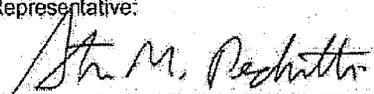
14. Areas Affected by Project (Cities, Counties, States, etc.):

Placerville, El Dorado County, California

* 15. Descriptive Title of Applicant's Project:

Pavement Maintenance Management Program (PMMP)

Attach supporting documents as specified in agency instructions.

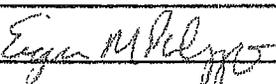
Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-004	*b. Program/Project: CA-004
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 09/01/2015	*b. End Date: 07/31/2016
18. Estimated Funding (\$):	
*a. Federal	37,004.00
*b. Applicant	2,262.00
*c. State	1,850.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	41,116.00
*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="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 on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Steven
Middle Name: M.	
*Last Name: Pedretti	
Suffix:	
*Title: Director of Community Development Agency	
*Telephone Number: (530) 621-5914	Fax Number: (530) 626-0387
* Email: steve.pedretti@edcgov.us	
*Signature of Authorized Representative: 	*Date Signed: 8/6/15

RECEIVED 9164493934
AUG 07 2015

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

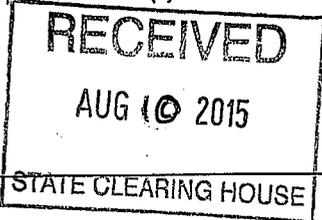
Application for Federal Assistance SF-424		STATE CLEARING HOUSE	Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)	
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
3. Date Received: 8/3/2015		4. Applicant Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
*a. Legal Name: CITY OF CRESCENT CITY			
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000552		*c. Organizational DUNS: 805803301	
d. Address:			
*Street 1: 377 J STREET		Street 2: _____	
City: California		County: DEL NORTE	
*State: CA		Province: _____	
*Country: USA		*Zip / Postal Code: 95531	
e. Organizational Unit:			
Department Name: CITY MANAGER		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: MR.		*First Name: EUGENE	
Middle Name: _____			
*Last Name: PALAZZO		Suffix: _____	
Title: CITY MANAGER			
Organizational Affiliation: LOCAL GOVNERMENT AGENCY			
*Telephone Number: 707-464-7483		Fax Number: 707-465-4405	
*Email: EPALAZZO@CRESCENTCITY.ORG			

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: C. City or Township Government Type of Applicant 2: Select Applicant Type: 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: <u>Water and Waste Disposal System for Rural Communities</u> CFDA Title: <u>10-760</u>	
*12 Funding Opportunity Number: Title: 	
13. Competition Identification Number: Title: 	
14. Areas Affected by Project (Cities, Counties, States, etc.): CITY OF CRESCENT CITY, COUNTY OF DEL NORTE	
*15. Descriptive Title of Applicant's Project: CRESCENT CITY WATER INFRASTRUCTURE IMPROVEMENT PROJECT 2015	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 2	*b. Program/Project: 2	
17. Proposed Project:		
*a. Start Date: 6/2016	*b. End Date: 6/2018	
18. Estimated Funding (\$):		
*a. Federal	<u>6,700,000</u>	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	<u>6,700,000</u>	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>8/10/2015</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.	_____	*First Name: <u>EUGENE</u>
Middle Name:	_____	
*Last Name:	<u>PALAZZO</u>	
Suffix:	_____	
*Title: <u>CITY MANAGER</u>		
*Telephone Number: 707-464-7483		Fax Number: 707-465-4405
* Email: <u>EPALAZZO@CRESCENTCITY.ORG</u>		
*Signature of Authorized Representative: 		*Date Signed: <u>8/4/2015</u>

Application for Federal Assistance SF-424

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



* 3. Date Received:	4. Application Identifier: 032
----------------------------	--

5a. Federal Entity Identifier: 3-06-0196	* 5b. Federal Award Identifier:
--	--

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Reedley	* c. Organizational DUNS: 00-494-0631
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000402	

d. Address:	
* Street 1: 100 N. East Avenue	
Street 2:	
* City: Reedley	
County: Fresno	
* State: California	
Province:	
Country: United States	* Zip/ Postal Code: 93654

e. Organizational Unit:	
Department Name: Community Services	Division Name: Airport

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

Prefix: Mr.	First Name: Joel
Middle Name:	
* Last Name: Glick	
Suffix:	

Title: Airport Manager

Organizational Affiliation:

* Telephone Number: (559) 637-4203	Fax Number: (559) 637-7253
---	-----------------------------------

* Email: joel.glick@reedley.ca.gov

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number: N/A

Title:

13. Competition Identification Number: N/A

Title:

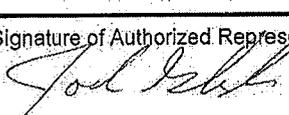
14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Reedley, Fresno County, CA

* 15. Descriptive Title of Applicant's Project:

Construct Airport Perimeter Fence Phase II

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 21	*b. Program/Project: 21
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	<u>248,913.00</u>
*b. Applicant	<u>15,213.00</u>
*c. State	<u>12,445.00</u>
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	<u>276,571.00</u>
*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="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 on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Joel
Middle Name:	
*Last Name: Glick	
Suffix:	
*Title: Airport Director	
*Telephone Number: (559) 637-4203	Fax Number: (559) 637-7253
* Email: joel.glick@reedley.ca.gov	
*Signature of Authorized Representative: 	*Date Signed: 8-7-15

Application for Federal Assistance SF-424

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): - Select One - * Other (Specify)				
* 3. Date Received:		4. Application Identifier: O69		<table border="1"><tr><td>RECEIVED</td></tr><tr><td>AUG 11 2015</td></tr><tr><td>STATE CLEARING HOUSE</td></tr></table>		RECEIVED	AUG 11 2015	STATE CLEARING HOUSE
RECEIVED								
AUG 11 2015								
STATE CLEARING HOUSE								
5a. Federal Entity Identifier: 3-06-0186-25		* 5b. Federal Award Identifier:						
State Use Only:								
6. Date Received by State:			7. State Application Identifier:					
8. APPLICANT INFORMATION:								
* a. Legal Name: City of Petaluma			*c. Organizational DUNS: 02-002-1978					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000392								
d. Address:								
* Street1: 11 English Street Street 2: * City: Petaluma County: Sonoma * State: California Province: Country: USA *Zip/ Postal Code: 94952								
e. Organizational Unit:								
Department Name: Department of Public Works			Division Name: Petaluma Municipal Airport					
f. Name and contact information of person to be contacted on matters involving this application:								
Prefix: Mr. Middle Name:		First Name: Robert						
* Last Name: Patterson Suffix:								
Title: Airport Manager								
Organizational Affiliation: City of Petaluma								
* Telephone Number: (707) 778-4404			Fax Number: (707) 778-4405					
* Email: bpatterson@ci.petaluma.ca.us								

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

A. State Government

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: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

City of Petaluma, Sonoma County, California

* 15. Descriptive Title of Applicant's Project:

Airport Layout Plan (ALP) Narrative Report with Aeronautical Survey.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:
*a. Applicant: CA2&5 *b. Program/Project: CA2&5

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

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

18. Estimated Funding (\$):

*a. Federal	149,999.00
*b. Applicant	16,667.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	166,666.00

***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 on next page.)**
 Yes No

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

Authorized Representative:
Prefix: Mr. *First Name: John
Middle Name:
*Last Name: Brown
Suffix:
*Title: City Manager
*Telephone Number: (707) 778-4345 Fax Number: (707) 778-4419
*Email: citymgr@cl.petaluma.ca.us

*Signature of Authorized Representative:  *Date Signed: 7/15/15

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: 08/07/2015		4. Applicant Identifier: CA Dept. of Food & Agriculture
6a. Federal Entity Identifier: _____		5b. Federal Award Identifier: 15-8506-1908-CA
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
B. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104		* c. Organizational DUNS: 8074876550000
d. Address:		
* Street1: 3294 Meadowview Road, Building E		
Street2: _____		
* City: Sacramento		
County/Parish: _____		
* State: CA, California		
Province: _____		
* Country: USA, UNITED STATES		
* Zip / Postal Code: 95832-1437		
e. Organizational Unit:		
Department Name: Food and Agriculture		Division Name: Plant Health & Pest Prevention
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Sergei	
Middle Name: _____		
* Last Name: Subbotin		
Suffix: _____		
Title: Senior Plant Nematologist		
Organizational Affiliation: _____		
* Telephone Number: 916-262-1115		Fax Number: 916-262-1190
* Email: sergei.subbotin@cdfa.ca.gov		

RECEIVED
AUG 12 2015
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

n/a

* Title:

n/a

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Stone Fruit Commodity Survey Sequencing

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

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

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

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

* 3. Date Received:	4. Applicant Identifier:
<input type="text"/>	<input type="text"/>

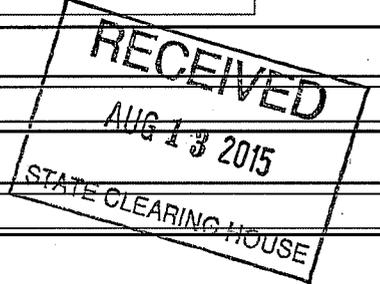
5a. Federal Entity Identifier:	5b. Federal Award Identifier:
<input type="text"/>	<input type="text"/>

State Use Only:

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

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:	YOLO
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95618-6153

e. Organizational Unit:

Department Name:	Division Name:
Plant Pathology	College of Agr & Env Sciences

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

Prefix:	Dr.	* First Name:	Richard
Middle Name:	<input type="text"/>		
* Last Name:	Bostock		
Suffix:	Ph.D		

Title:

Organizational Affiliation:

* Telephone Number:	530-752-0308	Fax Number:	530-752-8015
---------------------	--------------	-------------	--------------

* Email:

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:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

Farm Bill Suggestion 10007

* Title:

Plant Pest and Disease Management and Disaster Prevention Program

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:**

NPDN Data Analysis

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-003

* b. Program/Project CA-003

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2015

* b. End Date: 08/31/2016

18. Estimated Funding (\$):

* a. Federal	9,900.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	9,900.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 08/13/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Joseph

Middle Name: E.

* Last Name: Garrido

Suffix:

* Title: Contracts and Grants Officer

* Telephone Number: 530-754-7982 Fax Number: 530-752-0333

* Email: jgarrido@ucdavis.edu

* Signature of Authorized Representative: 

* Date Signed: 8/13/15

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
AUG 13 2015

* 3. Date Received: _____	4. Applicant 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: The Regents of the University of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	* c. Organizational DUNS: 604591925

d. Address:

* Street1:	Agriculture and Natural Resources, Office of Contracts and Grants
Street2:	2801 Second Steet
* City:	Davis
County/Parish:	Yolo
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	95618-7774

e. Organizational Unit:

Department Name: San Luis Obispo County UCCE	Division Name: _____
--	--------------------------------

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

Prefix: _____	* First Name: Mary
Middle Name: _____	
* Last Name: Bianchi	
Suffix: _____	
Title: Principal Investigator	
Organizational Affiliation: _____	

* Telephone Number: 805-781-5949	Fax Number: _____
---	--------------------------

* Email: mlbianchi@ucanr.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H. Public/State Controlled Institution of High Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA- NRCS

11. Catalog of Federal Domestic Assistance Number:

10.902

CFDA Title:

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

This project seeks to adapt existing on-line learning resources to train conservation professionals on how to provide information to support the farmer's dialogue with food safety professionals. An existing on-line learning module developed by the University of California is readily available for adaptation.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-003

* b. Program/Project: CA-003

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 08/11/2015

* b. End Date: 09/30/2016

18. Estimated Funding (\$):

* a. Federal	\$12,319.52
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$12,319.52

*** 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 08/11/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Wendy

Middle Name:

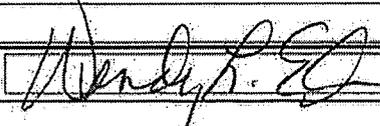
* Last Name: Ernst

Suffix:

* Title: Contracts and Grants Officer

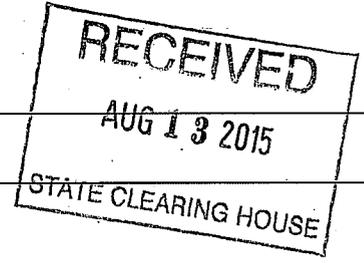
* Telephone Number: 530-750-1305 Fax Number: 530-756-1148

* Email: wlbernst@ucanr.edu

* Signature of Authorized Representative:  * Date Signed: 08/11/2015

Application for Federal Assistance SF-424

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



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

5a. Federal Entity Identifier: 3-06-0109	* 5b. Federal Award Identifier:
---	---------------------------------

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

8. APPLICANT INFORMATION:

* a. Legal Name: Imperial County Airport
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000924	* c. Organizational DUNS: 068997570
---	--

d. Address: * Street1: 1099 Airport Road Street 2: * City: Imperial County: Imperial * State: California Province: Country: United States *Zip/ Postal Code: 92251

e. Organizational Unit:

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

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

Prefix: Mr. Middle Name: * Last Name: Cordova Suffix:	First Name: Ralph
--	-------------------

Title: County CEO

Organizational Affiliation: N/A

* Telephone Number: (442) 265-1001	Fax Number: (760) 355-2485
------------------------------------	----------------------------

* Email: ralphcordova@co.imperial.ca.us

Application for Federal Assistance SF-424

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- 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: N/A

Title:

13. Competition Identification Number: N/A

Title:

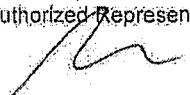
14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Imperial, Imperial County, California

* 15. Descriptive Title of Applicant's Project:

Construct PAPI Phase II

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-051	*b. Program/Project: CA-051
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 05/10/2015	*b. End Date: 11/19/2015
18. Estimated Funding (\$):	
*a. Federal	236,529.00
*b. Applicant	12,449.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	248,978.00
19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>08/13/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Ralph
Middle Name:	
*Last Name: Cordova	
Suffix:	
*Title: County CEO	
*Telephone Number: (442) 265-1001	Fax Number: (760) 355-2485
* Email: ralphcordova@co.imperial.ca.us	
*Signature of Authorized Representative: 	*Date Signed: 8/18/15

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify) _____			
* 3. Date Received: _____		4. Applicant Identifier: _____					
5a. Federal Entity Identifier: _____			* 5b. Federal Award Identifier: _____				
State Use Only:							
6. Date Received by State: _____		7. State Application Identifier: _____		RECEIVED AUG 14 2015 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: 95616-5270		_____					
e. Organizational Unit:							
Department Name: Plant Pathology			Division Name: College of Agriculture & Environmental Sciences				
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix: _____		* First Name: Bryce					
Middle Name: _____		_____					
* Last Name: Falk		_____					
Suffix: _____		_____					
Title: Professor		_____					
Organizational Affiliation: Regents of the University of California							
* Telephone Number: 530-752-0302		Fax Number: 530-754-9077					
* Email: bwfalk@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:

Development and validation of sensitive, efficient assays for infectious Cucumber green mottle mosaic virus in cucurbit seeds.

*** 12. Funding Opportunity Number:**

14-8506-1779

* Title:

Development and validation of sensitive, efficient assays for infectious Cucumber green mottle mosaic virus in cucurbit seeds.

13. Competition Identification Number:

Title:

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

Yolo County

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

Development and validation of sensitive, efficient assays for infectious Cucumber green mottle mosaic virus in cucurbit seeds.

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 CA-003

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

17. Proposed Project:

* a. Start Date: 09/01/15

* b. End Date: 08/31/2016

18. Estimated Funding (\$):

* a. Federal 40,000

* b. Applicant 0

* c. State 0

* d. Local 0

* e. Other 0

* f. Program/Income 0

* g. TOTAL 40,000

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

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

8/14/2015

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Chris

Middle Name:

* Last Name: Dye-Hixenbaugh

Suffix:

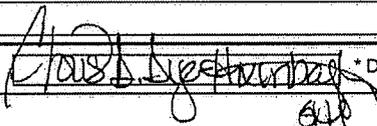
* Title: Contracts and Grants Analyst

* Telephone Number: 530-754-8034

Fax Number: 530-752-0333

* Email: cddye@ucdavis.edu

* Signature of Authorized Representative:



* Date Signed:

8/14/2015

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <u>Habitat for Humanity Lake County, CA Inc</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>68-0459756</u>	* c. Organizational DUNS: <u>078992903</u>	
d. Address:		
* Street 1: <u>PO Box 1830</u>	<input type="text"/>	
Street 2: <u>16285 A Main Street</u>	<input type="text"/>	
* City: <u>Lower Lake</u>	<input type="text"/>	
County/Parish: <u>Lake</u>	<input type="text"/>	
* State: <u>CA</u>	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <u>USA: UNITED STATES</u>	<input type="text"/>	
* Zip / Postal Code: <u>95457</u>	<input type="text"/>	
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: <u>Richard</u>	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: <u>Blrk</u>	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <u>President</u>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <u>(707) 994-1100</u>	Fax Number: <u>(707) 994-1450</u>	
* Email: <u>main@lakehabitat.org</u>		

RECEIVED
AUG 14 2015
STATE CLEARING HOUSE

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 Educat

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Direct Loan & Grant Program

* 12. Funding Opportunity Number:

64 FR 32388

* Title:

Community Facilities Direct Loan & Grant Program

13. Competition Identification Number:

HFH Lake Co

Title:

Community Facilities Direct Loan & Grant Program

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

Lake County

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 Ca. 5&3

* b. Program/Project Ca. 5&3

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

[Empty text box]

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: [Empty text box]

* b. End Date: [Empty text box]

18. Estimated Funding (\$):

* a. Federal	\$94,000.00
* b. Applicant	\$62,552.00
* c. State	\$0.00
* d. Local	\$0.00
* e. Other	\$350,000.00
* f. Program Income	\$0.00
* g. TOTAL	\$306,552.00

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 [Empty text box]
- 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.

[Empty text box]

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: [Empty text box] * First Name: Richard

Middle Name: [Empty text box]

* Last Name: Birk

Suffix: [Empty text box]

* Title: President

* Telephone Number: (707) 994-1100 Fax Number: (707) 994-1450

* Email: main@lakehabitat.org

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