

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1 - 15, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Dept. of Fish and Wildlife
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1528004
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY 1/16/2015	Federal Identifier F15AP00627
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department: California Department of Fish and Wildlife	
Organizational DUNS: 80-832-2358		Division: ECD/Habitat Conservation Planning Branch	
Address: Street: 1416 Ninth Street, 12th floor, Suite 1260		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: Bill Sara
County: Sacramento		Middle Name	
State: California		Last Name Kindred Rowe	
Zip Code 95814		Suffix:	
Country: United States of America		Email: sara.rowe@wildlife.ca.gov billkindred@wildlife.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 653-3779	Fax Number (give area code) (916) 653-2588
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior - U.S. Fish and Wildlife Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-615		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Endangered Species Act Cooperative Endangered Species Conservation Fund 2015 Non-Traditional Section 6 <i>HCPA</i>	
TITLE (Name of Program): Cooperative Endangered Species Conservation - 2015 Non-Traditional Section 6		United Water Conservation District Multiple Species Habitat Conservation Plan	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County <i>bm</i>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 6	
13. PROPOSED PROJECT See email dated 9/23/15 Start Date: <i>Upon approval</i> 12/1/2015		b. Project 26	
Ending Date: 11/30/2018		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
15. ESTIMATED FUNDING:		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Upon Approval	
a. Federal	\$ 34% 750,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
b. Applicant	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 66% 1,439,000 ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 2,189,000 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. Authorized Representative			
Prefix Mr.	First Name Bill	Middle Name	
Last Name Kindred	Suffix		
b. Title Staff Services Manager; Section 6 Coordinator		c. Telephone Number (give area code) (916) 653-3779	
d. Signature of Authorized Representative <i>Bill Kindred</i>		e. Date Signed 1-16-15	

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[]

* Other (Specify):

[]

Governor's Office of Planning & Research

* 3. Date Received:

10/2/2015

4. Applicant Identifier:

CDFW

AUG 01 2016

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

F16AP00007

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

G1582017

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9th Street

Street2:

[]

* City:

Sacramento

County/Parish:

[]

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

AD, BMP Payable Grants Section

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

Prefix:

[]

* First Name:

Sara Patricia

Middle Name:

[]

* Last Name:

Jackson

Suffix:

[]

Title:

Section 6 Grants Analyst

Organizational Affiliation:

[]

* Telephone Number:

9166518770 (916) 445-9613

Fax Number:

[]

* Email:

sara.jackson@wildlife.ca.gov patricia.jackson@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

~~F15AS00011~~ F15AS00011

* Title:

Traditional Endangered Species Section 6

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:**

Traditional Section 6 2015
The Effect of Regulation Change on Anticoagulant Rodenticide Exposure in the San Joaquin Kit Fox
Vulpes macrotis mutica in the Bakersfield Area

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date: 3/14/2016 KaJ

* b. End Date: 3/13/2019 KAJ

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="43,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="14,334.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="57,334.00"/>

* 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.

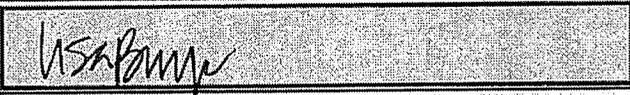
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Dept. of Fish and Wildlife
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1528003
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F15AP00626
5. APPLICANT INFORMATION		1/16/2015	
Legal Name: State of California		Organizational Unit: Department: California Department of Fish and Wildlife	
Organizational DUNS: 80-832-2358		Division: ECD/Habitat Conservation Planning Branch	
Address: Street: 1416 Ninth Street, 12th floor, Suite 1260		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	
County: Sacramento		First Name: Bilk Patricia	
State: California		Middle Name	
Zip Code 95814		Last Name Kindred Jackson	
Country: United States of America		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Email: patricia.jackson@wildlife.ca.gov	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) (916) 653-3779	
Other (specify)		Fax Number (give area code) (916) 653-2588	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-615		7. TYPE OF APPLICANT: (See back of form for Application Types)	
TITLE (Name of Program): Cooperative Endangered Species Conservation - 2015 Non-Traditional Section 6		A. State	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santee		Other (specify)	
13. PROPOSED PROJECT see email dated 5/10/16 Start Date: July 1, 2016 Ending Date: June 30, 2019		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior - U.S. Fish and Wildlife Service	
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Endangered Species Act Cooperative Endangered Species Conservation Fund 2015 Non-Traditional Section 6 HCPA	
a. Federal	\$ 188,798 ⁰⁰	City of Santee Multiple Species Conservation Program	
b. Applicant	\$ ⁰⁰	14. CONGRESSIONAL DISTRICTS OF:	
c. State	\$ ⁰⁰	a. Applicant 6	
d. Local	\$ ⁰⁰	b. Project 50	
e. Other	\$ 651,878 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
f. Program Income	\$ ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Upon Approval	
g. TOTAL	\$ 840,676 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative		Middle Name	
Prefix Mr.		Suffix	
First Name Bill		c. Telephone Number (give area code) (916) 653-3779	
Last Name Kindred		e. Date Signed 1-16-15	
b. Title Staff Services Manager, Section 6 Coordinator			
d. Signature of Authorized Representative Bill Kindred			

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

Governor's Office of Planning & Research

AUG 01 2016

* 3. Date Received:

10/2/2015

4. Applicant Identifier:

CDFW

STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

F16AP00008

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1582016

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9th Street

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

AD, EMB

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

Prefix:

* First Name:

~~512X~~ Patricia

Middle Name:

* Last Name:

~~Bove~~ Jackson

Suffix:

Title:

Section 6 Grants Analyst

Organizational Affiliation:

* Telephone Number:

~~916-445-9613~~ 916-445-9613

Fax Number:

* Email:

~~patricia.jackson@wildlife.ca.gov~~ patricia.jackson@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

~~XXXXXXXX~~ F15AS00011

* Title:

Traditional Endangered Species Section 6

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:**

Traditional Section 6 2015
Characterization and Control of Sarcoptic Mange: an Emerging Conservation Threat to Recovery of
Endangered San Joaquin Kit Foxes (*Vulpes macrotis mutica*)

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: 5/16/2016 KAJ

* b. End Date: KAJ

18. Estimated Funding (\$): Rcvd revised budget 3/13/16

* a. Federal	<input type="text" value="126,300"/> XXXXXX ^{Lav}
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="42,100"/> XXXXXX ^{Lav}
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="168,400"/> XXXXXX ^{Lav}

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.

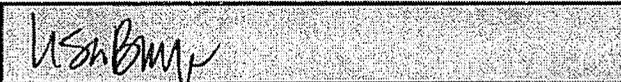
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Dept. of Fish and Wildlife
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier G1528002
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY 1/16/2015	Federal Identifier F15AP00628

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational DUNS: 80-832-2358	Organizational Unit: Department: California Department of Fish and Wildlife
Address: Street: 1416 Ninth Street, 12th floor, Suite 1260	Governor's Office of Planning & Research	Division: ECD/Habitat Conservation Planning Branch
City: Sacramento	Zip Code: 95814	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Sacramento	Country: United States of America	Prefix: Mr.
State: California	State CLEARINGHOUSE	First Name: Sara
Other (specify)		Middle Name
		Last Name: Kindred, Rowe
		Suffix:
		Email: sara.rowe@wildlife.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1697567

Phone Number (give area code): (916) 653-3779 445-3698
Fax Number (give area code): (916) 653-2588

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

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior - U.S. Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-615

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Endangered Species Act
Cooperative Endangered Species Conservation Fund
2015 Non-Traditional Section 6 HCPA

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

13. PROPOSED PROJECT see email dated 9/23/15

Start Date: Upon approval Nov 1, 2015
Ending Date: Oct 31, 2018

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 6
b. Project: 8, 31, 35, 39, 41, 42

15. ESTIMATED FUNDING:

a. Federal	\$	148,444.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$	305,693.00
f. Program Income	\$.00
g. TOTAL	\$	454,137.00

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: Upon Approval
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: Bill	Middle Name
Last Name: Kindred	Suffix	
b. Title Staff Services Manager, Section 6 Coordinator	c. Telephone Number (give area code) (916) 653-3779	e. Date Signed 1-16-15
d. Signature of Authorized Representative <i>Bill Kindred</i>		

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):

Covernor's Office of Planning & Research

* 3. Date Received:

10/2/2015

4. Applicant Identifier:

CDFW

AUG 01 2016

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

F16AP00010

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1582015

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1: 1831 9th Street

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA; UNITED STATES

* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

AD, BMB

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

Prefix:

* First Name:

Sara

Middle Name:

* Last Name:

Rowe

Suffix:

Title: Section 6 Grants Analyst

Organizational Affiliation:

* Telephone Number:

916-518-710 916-445-3698

Fax Number:

* Email:

sara.rowe@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

~~XXXXXXXX~~ F15AS00011

* Title:

Traditional Endangered Species Section 6

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:**

Traditional Section 6 2015
Using genetic analysis and population modeling to assess the status, threats, and viability of
Yreka Phlox (Phlox hirsuta)

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: 11/2/2015 KAJ

* b. End Date: KAJ

18. Estimated Funding (\$):

* a. Federal	179,602.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	59,868.00
* f. Program Income	
* g. TOTAL	239,470.00

* 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.

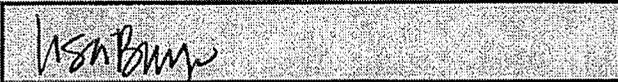
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

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 _____	Applicant Identifier CA Dept. of Fish and Wildlife
	3. DATE RECEIVED BY STATE _____		State Application Identifier G1528001
	4. DATE RECEIVED BY FEDERAL AGENCY 1/16/2015		Federal Identifier F15AP00625

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: California Department of Fish and Wildlife
Organizational DUNS: 80-832-2358	Division: ECD/Habitat Conservation Planning Branch
Address: Street: 1416 Ninth Street, 12th floor, Suite 1260 City: Sacramento County: Sacramento State: California Zip Code: 95814	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr Ms. First Name: Sara Middle Name: _____ Last Name: Kindred Rowe Suffix: _____ Email: sara.rowe@wildlife.ca.gov

Governor's Office of Planning & Research
AUG 01 2016
STATE CLEARINGHOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1697567

8. TYPE OF APPLICATION:

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-615

TITLE (Name of Program):
 Cooperative Endangered Species Conservation - 2015 Non-Traditional Section 6

9. NAME OF FEDERAL AGENCY:

U.S. Department of Interior - U.S. Fish and Wildlife Service

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Endangered Species Act
 Cooperative Endangered Species Conservation Fund
 2015 Non-Traditional Section 6 *HCPA*
 Placer County Conservation Plan

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

Placer County *bm*

13. PROPOSED PROJECT See email dated 9/23/15

Start Date: *Upon approval Nov 1, 2015* Ending Date: *Oct 31, 2018*

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: 6 b. Project: 4

15. ESTIMATED FUNDING:

a. Federal	\$	74%	102,000 ⁰⁰
b. Applicant	\$		⁰⁰
c. State	\$		5,000 ⁰⁰
d. Local	\$		30,000 ⁰⁰
e. Other	\$		⁰⁰
f. Program Income	\$		⁰⁰
g. TOTAL	\$		137,000 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: Upon Approval
 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: Bill Middle Name: _____
 Last Name: Kindred Suffix: _____
b. Title: Staff Services Manager, Section 6 Coordinator c. Telephone Number (give area code): (916) 653-3779
d. Signature of Authorized Representative: *Bill Kindred* e. Date Signed: *1-16-15*

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: Dept. of Food and Agriculture
-------------------------------------	--

5a. Federal Entity Identifier: 16-8506-2064-CA	5b. Federal Award Identifier: _____
--	---

State Use Only:

6. Date Received by State: 07/27/2016	7. State Application Identifier: 15-0548-FR
--	--

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	<i>Governor's Office of Planning & Research</i> AUG 01 2016 STATE CLEARINGHOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 8074876650000

d. Address:

* Street1: 1220 N Street, Room 315
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: Food and Agriculture	Division Name: Plant Health/Pest Prev Svcs.
---	---

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

Prefix: _____	* First Name: Jason
Middle Name: _____	
* Last Name: Chan	
Suffix: _____	

Title: _____

Organizational Affiliation: California Department of Food and Agriculture

* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555
---	-----------------------------------

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

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

NA

* Title:

NA

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Malaysian Fruit Fly Eradication Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="105,625.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="105,625.00"/>
* 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="211,250.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

• Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Governor's Office of Planning & Research

AUG 01 2015

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Indian Creek-Westridge Community Services District

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

770521370

* c. Organizational DUNS:

831662452

d. Address:

* Street 1:

3042 Mesquite Rd

Street 2:

166 Grandview Dr.

* City:

Bishop

County/Parish:

Inyo

* State:

CA

Province

* Country:

USA 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:

Terrence

Middle Name:

Leif

* Last Name:

Tye

Suffix:

Title:

General Manager

Organizational Affiliation:

* Telephone Number:

760-920-1472

Fax Number:

#1 760-873-9276 #2 760-873-3509

* Email:

tyet47@hotmail.com

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Special District of Inyo County

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:

Community Facility Grant

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Replacement of five fire hydrants that are obsolete to improve public health & safety. For complete description, see Form RD 1942-54 (Rev. 10-96)

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 8th

* b. Program/Project 8th

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: 1/1/2017

* b. End Date: 10/1/2017

18. Estimated Funding (\$):

* a. Federal \$ 30,000.00

* b. Applicant \$ 10,000.00

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$ 40,000.00 \$0.00

* 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 7-28-16

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

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

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

Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

** I AGREE

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

Authorized Representative:

Prefix: Mr.

* First Name: Terrence

Middle Name: Leif

* Last Name: Tye

Suffix:

* Title: General Manager

* Telephone Number: 760-920-1472

Fax Number: 760-873-9276 or 760-873-3509

* Email: tyet47@hotmail.com

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

* 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: 94-6003558	* 5b. Federal Award Identifier: _____
---	---

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Huron	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003558	* c. Organizational DUNS: 122472640

d. Address:

* Street1: 36311 S. Lassen Ave
Street2: _____
* City: Huron
County: Fresno
* State: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 93234

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: Jack
Middle Name: _____	
* Last Name: Castro	
Suffix: _____	

Title: City Manager

Organizational Affiliation: N/A
--

* Telephone Number: 559-945-2241	Fax Number: 559-945-2609
---	---------------------------------

* Email: jcastro00@yahoo.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

City

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 (USDA)

11. Catalog of Federal Domestic Assistance Number:

N/A

CFDA Title:

*** 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 Huron

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

Emergency Community Water Assistance - Purchase of raw water

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 Attachment

Delete Attachment

View Attachment

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"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="500,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

Governor's Office of Planning & Research

* Other (Specify):

AUG 01 2016

STATE CLEARINGHOUSE

* 3. Date Received:

12/3/2015

4. Applicant Identifier:

CDEFW

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

F16AP00063

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1582022

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1: 1831 9th Street

Street2:

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name:

CDEFW

Division Name:

AD, BMB

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

Prefix:

* First Name: ~~xxxx~~ Patricia

Middle Name:

* Last Name: ~~xxxx~~ Jackson

Suffix:

Title: Section 6 Grants Analyst

Organizational Affiliation:

* Telephone Number: ~~916-445-3698~~ 916-445-9613

Fax Number:

* Email: ~~xxxxxx~~ patricia.jackson@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

* 12. Funding Opportunity Number:

~~XXXXX017~~ F15AS00011

* Title:

~~XXXX~~ Traditional Endangered Species Section 6

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:

Traditional Section 6 (FY 2015)
Perennial Pepperweed (Lepidium latifolium) Control Project to Benefit Soft Bird's-Beak
(Chloropyron molle subsp. molle) and other Endangered Species and Tidal Marsh Habitat

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="116,325.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="38,775.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="155,100.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

Governor's Office of Planning & Research

* 3. Date Received:

10/2/2015

4. Applicant Identifier:

CDFW

AUG 01 2016

STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

F16AP00005

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1582028

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9th Street

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

AD, BMB

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

Prefix:

* First Name:

Patricia

Middle Name:

* Last Name:

Jackson

Suffix:

Title:

Section 6 Grants Analyst

Organizational Affiliation:

* Telephone Number:

916-445-9613

Fax Number:

* Email:

patricia.jackson@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

~~F15AS0011~~ F15AS00011

* Title:

El Traditional Endangered Species Section 6

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:**

Traditional Section 6 2015
Invasive Species Control and Restoration of Water Sources for the Peninsular bighorn sheep (Ovis canadensis nelsoni) in the Santa Rosa Mountains.

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: 4/29/2016 KAJ

* b. End Date: 4/28/2019 KAJ

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="78,487.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="26,163.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="104,650.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

10/2/2015

4. Applicant Identifier:

CDFW

Governor's Office of Planning & Research

AUG 01 2016

STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

F16AP00004

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1582020

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9th Street

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

AD, BMB

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

Prefix:

* First Name:

~~Sexa~~ Patricia

Middle Name:

* Last Name:

~~Row~~ Jackson

Suffix:

Title: Section 6 Grants Analyst

Organizational Affiliation:

* Telephone Number:

~~916-445-9613~~ 916-445-9613

Fax Number:

* Email:

~~patricia.jackson@wildlife.ca.gov~~ patricia.jackson@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

~~XXXXXXXX~~ F15AS00011

* Title:

~~Traditional Endangered Species Section 6~~

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:**

Traditional Section 6 2015

Range-wide giant kangaroo rat (*Dipodomys ingens*) surveys and monitoring optimization

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="117,647.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="39,549.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="157,196.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

~~Governor's Office of Planning & Research~~

* 3. Date Received:

10/29/2015

4. Applicant Identifier:

CDFW

AUG 01 2016

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

F16AP00033

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1582026

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9th Street

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

~~XXXX~~ Payable Grants Section

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

Prefix:

* First Name:

~~XXXX~~ Patricia

Middle Name:

* Last Name:

~~XXXX~~ Jackson

Suffix:

Title:

Section 6 Grants Analyst

Organizational Affiliation:

* Telephone Number:

~~916 445 9613~~ 916-445-9613

Fax Number:

* Email:

~~XXXXXXXXXXXX~~ patricia.jackson@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

***12. Funding Opportunity Number:**

F15AS00167

*** Title:**

R1 Traditional Endangered Species Section 6

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:**

Traditional Section 6

Merced Natural Reserve Vernal Pool-Grassland Landscape Restoration Project

(FY 2015)

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: 7/25/2016 KAJ

* b. End Date: 7/24/2019 KAJ

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="302,739.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="100,913.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="403,652.00"/>

*** 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): _____
* 3. Date Received: 11/13/2015	4. Applicant Identifier: CDEFW	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: F16AP00042	
<i>Governor's Office of Planning & Research</i>		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1582021	
AUG 01 2016		
STATE CLEARINGHOUSE		
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9th Street	_____	
Street2:	_____	
* City: Sacramento	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CDEFW	Division Name: AD, BMB	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Patricia Patricia	
Middle Name: _____	_____	
* Last Name: Jackson Jackson	_____	
Suffix: _____	_____	
Title: Section 6 Grants Analyst		
Organizational Affiliation: _____		
* Telephone Number: 916-445-9613 916-445-9613	Fax Number: _____	
* Email: patricia.jackson@wildlife.ca.gov patricia.jackson@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

~~XXXXXX~~ F15AS00011

*** Title:**

~~XX~~ Traditional Endangered Species Section 6

13. Competition Identification Number:

Title:

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

see narrative under location

Add Attachment

Delete Attachment

View Attachment

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

Traditional Section 6 (FY 2015)
Restoration, Recovery, and Monitoring of Sierra Nevada Yellow-legged Frog (*Rana sierrae*) in the Sierra Nevada - Inland Deserts Region and North Central Region

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: 2/15/2016 KAJ

* b. End Date: 2/14/2019 KAJ

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="205,787.00"/>
* b. Applicant	<input type="text" value=""/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value="68,596.00"/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="274,383.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

11/19/2015

4. Applicant Identifier:

CDFW

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

F16AP00041

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1582029

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9th Street

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

AD, BMB

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

Prefix:

* First Name:

~~xxx~~ Patricia

Middle Name:

* Last Name:

~~xxx~~ Jackson

Suffix:

Title:

Section 6 Grants Analyst

Organizational Affiliation:

* Telephone Number:

~~916-445-9613~~ 916-445-9613

Fax Number:

* Email:

~~patricia.jackson@wildlife.ca.gov~~ patricia.jackson@wildlife.ca.gov

Governor's Office of Planning & Research
AUG 01 2016
STATE CLEARINGHOUSE

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:

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

* 12. Funding Opportunity Number:

~~XXXXXX~~ F15AS00011

* Title:

~~XXXX~~ Traditional Endangered Species Section 6

13. Competition Identification Number:

Title:

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

Colusa, Glenn, Butte & Tehama

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Traditional Section 6 (FY 2015)
Invasive Rattlebox Control on Sacramento River Non-Federal Lands

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: 2/8/2016 KAJ

* b. End Date: KAJ

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="116,498.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="38,833.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="155,331.00"/>

* 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

*** 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:**

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

~~XXXXXX~~ F15AS00011

* Title:

~~Rx~~ Traditional Endangered Species Section 6

13. Competition Identification Number:

Title:

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

Puma, Butte & Tehama Counties

Add Attachment

Delete Attachment

View Attachment

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

Traditional Section 6 (FY 2015)
Supporting Recovery planning, management, and conservation: evaluating the success of translocating fisher (*Pekania pennanti*) to increase the statewide distribution (Phase 3)

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:

11/13/2015 KAJ

* b. End Date:

11/12/2018

18. Estimated Funding (\$):

* a. Federal	175,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	58,334.00
* f. Program Income	
* g. TOTAL	233,334.00

* 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"/>
<p>* 3. Date Received:</p> <input type="text" value="12/3/2015"/>	<p>4. Applicant Identifier:</p> <input type="text" value="CDFW"/>	<p>Governor's Office of Planning & Research</p> <p>AUG 01 2016</p> <p>STATE CLEARINGHOUSE</p>
<p>5a. Federal Entity Identifier:</p> <input type="text"/>	<p>5b. Federal Award Identifier:</p> <input type="text" value="F16A00064"/>	
<p>State Use Only:</p>		
<p>6. Date Received by State:</p> <input type="text"/>	<p>7. State Application Identifier:</p> <input type="text" value="G1582024"/>	
<p>8. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: <input type="text" value="State of California"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="94-1697567"/>	<p>* c. Organizational DUNS:</p> <input type="text" value="808322358000"/>	
<p>d. Address:</p>		
<p>* Street1:</p> <input type="text" value="1831 9th Street"/>	<p>Street2:</p> <input type="text"/>	
<p>* City:</p> <input type="text" value="Sacramento"/>	<p>County/Parish:</p> <input type="text"/>	
<p>* State:</p> <input type="text" value="CA: California"/>	<p>Province:</p> <input type="text"/>	
<p>* Country:</p> <input type="text" value="USA: UNITED STATES"/>	<p>* Zip / Postal Code:</p> <input type="text" value="95811-7011"/>	
<p>e. Organizational Unit:</p>		
<p>Department Name:</p> <input type="text" value="Ca Dept. of Fish and Wildlife"/>	<p>Division Name:</p> <input type="text" value="Administration"/>	
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefx:</p> <input type="text"/>	<p>* First Name:</p> <input type="text" value="Patricia"/>	
<p>Middle Name:</p> <input type="text"/>	<p>* Last Name:</p> <input type="text" value="Jackson"/>	
<p>Suffix:</p> <input type="text"/>	<p>Title:</p> <input type="text" value="Section 6 Grants Analyst"/>	
<p>Organizational Affiliation:</p> <input type="text" value="Business Management Branch, Payable Grants Section"/>		
<p>* Telephone Number:</p> <input type="text" value="916-445-9613"/>	<p>Fax Number:</p> <input type="text" value="916-445-5151"/>	
<p>* Email:</p> <input type="text" value="patricia.jackson@wildlife.ca.gov"/>		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFOA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

#15AS0001

* Title:

Traditional Endangered Species Section 6

13. Competition Identification Number:

Title:

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

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

2015 Traditional Section 6
A translocation and monitoring program for Bi-State sage-grouse (*Centrocercus urophasianus*)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA 6

* b. Program/Project CA 8

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

17. Proposed Project: KAJ

* a. Start Date: 3/7/2016

* b. End Date: 3/6/2019

18. Estimated Funding (\$):

* a. Federal	300,000.00
* b. Applicant	0.00
* c. State	100,000.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	400,000.00

* 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 216, 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: Derek
Middle Name:
* Last Name: Hildebrand
Suffix:

* Title: Staff Services Manager

* Telephone Number: 916-322-8502 Fax Number: 916-445-5151

* Email: derek.hildebrand@wildlife.ca.gov

* Signature of Authorized Representative: 

* Date Signed: 2/23/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

10/2/2015

4. Applicant Identifier:

CDFW

Governor's Office of Planning & Research

AUG 01 2016

STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

F16AP00002

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1582025

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9th Street

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

AD, BMB

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

Prefix:

* First Name:

~~Sex~~ Patricia

Middle Name:

* Last Name:

~~Rox~~ Jackson

Suffix:

Title:

Section 6 Grants Analyst

Organizational Affiliation:

* Telephone Number:

~~9166918719~~ 916-445-9613

Fax Number:

* Email:

~~sex@wildlife.ca.gov~~ patricia.jackson@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

~~F15AS00011~~ F15AS00011

* Title:

Traditional Endangered Species Section 6

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:**

Traditional Section 6 2015
Assessing the population status of the endemic Clear Lake hitch (*Lavinia exilicauda chi*) and identifying spawning tributary restoration projects to benefit the species.

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:

KAJ

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="109,290.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="36,430.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="145,720.00"/>

*** 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:	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected 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: 07/29/2016		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: Governor's Office of Planning & Research <input type="text"/>	
State Use Only:		AUG 01 2016	
6. Date Received by State: <input type="text"/>		7. State Application Identifier: G1698092	
STATE CLEARINGHOUSE			
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/Parish:	<input type="text"/>		
* State:	CA: California		
Province:	<input type="text"/>		
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	95811-7011		
e. Organizational Unit:			
Department Name: CDFW		Division Name: Federal Assistance Section	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	Mr.	* First Name:	Mike
Middle Name:	<input type="text"/>		
* Last Name:	Boll		
Suffix:	<input type="text"/>		
Title:	Grant Administrator		
Organizational Affiliation: <input type="text"/>			
* Telephone Number:	916-445-9302	Fax Number:	<input type="text"/>
* Email:	Michael.Boll@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service.

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education.

*** 12. Funding Opportunity Number:**

F16AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

California Wildlife Restoration Land Acquisition Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="10,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="334,000.00"/>
* 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="10,334,000.00"/>

*** 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: <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: 03/21/2016	4. Applicant Identifier: _____
---	--

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

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1698045	AUG 01 2016
---	--	--------------------

3. APPLICANT INFORMATION: **STATE CLEARINGHOUSE**

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

d. Address:

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

e. Organizational Unit:

Department Name: CA DEPT OF FISH AND WILDLIFE	Division Name: FEDERAL ASSISTANCE SECTION
--	--

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

Prefix: Mr.	* First Name: STEVE
Middle Name:	
* Last Name: WONG	
Suffix:	
Title: GRANTS ADMINISTRATOR	

Organizational Affiliation:

* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320
* Email: steve.wong@wildlife.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

STEELHEAD MANAGEMENT AND RESEARCH PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="148,624.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="49,541.00"/>
* 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="198,165.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

_____ Governor's Office of Planning & Research

*** 3. Date Received:**

10/2/2015

4. Applicant Identifier:

CDFW

AUG 01 2016

STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

F16AP00009

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1582019

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

94-1697567

*** c. Organizational DUNS:**

8083223580000

d. Address:

*** Street1:**

1831 9th Street

Street2:

*** City:**

Sacramento

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

AD, BMB

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

Prefix:

*** First Name:**

~~Sara~~ Patricia

Middle Name:

*** Last Name:**

~~Roxe~~ Jackson

Suffix:

Title:

Section 6 Grants Analyst

Organizational Affiliation:

*** Telephone Number:**

~~916-621-8710~~ 916-445-9613

Fax Number:

*** Email:**

~~sara.roux@wildlife.ca.gov~~ patricia.jackson@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

~~XXXXXXXX~~ F15AS00011

* Title:

Traditional Endangered Species Section 6

13. Competition Identification Number:

Title:

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

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

Traditional Section 6 2015
Southwestern Willow Flycatcher (*Empidonax traillii extimus*) and Least Bell's Vireo (*Vireo bellii pusillus*) monitoring and removal of Brown-headed Cowbirds (*Molothrus ater*)

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 Attachment

Delete Attachment

View Attachment

17. Proposed Project: 1/11/2016

KAJ

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	143,761.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	47,921.00
* f. Program Income	
* g. TOTAL	191,682.00

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

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

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

- Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Dept. of Fish and Wildlife
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier G1528014
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY 1/16/2015	Federal Identifier F15AP00629

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: California Department of Fish and Wildlife
Organizational DUNS: 80-832-2358	Division: ECD/Habitat Conservation Planning Branch

Address: Street: 1416 Ninth Street, 12th floor, Suite 1260		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: Patricia
County: Sacramento		Middle Name	
State: California	Zip Code: 95814	Last Name: Jackson	
Country: United States of America		Email: patricia.jackson@wildlife.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 653-3779	Fax Number (give area code) 916-445-9613
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
Other (specify)	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior - U.S. Fish and Wildlife Service	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-615	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Endangered Species Act Cooperative Endangered Species Conservation Fund 2015 Non-Traditional Section 6 HCRA
TITLE (Name of Program): Cooperative Endangered Species Conservation - 2015 Non-Traditional Section 6	Yuba Sutter Regional Conservation Plan (YSRCP)
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yuba and Sutter Counties	

13. PROPOSED PROJECT See email dated 4/22/16	14. CONGRESSIONAL DISTRICTS OF:
Start Date: Upon approval 5/1/2016	a. Applicant 6
Ending Date: 4/30/2019	b. Project 3

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 71% 550,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$	DATE: Upon Approval
c. State \$ 29% 53,570.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$ 170,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	
f. Program Income \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 773,570.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> 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: Bill	Middle Name
Last Name: Kindred		Suffix
b. Title Staff Services Manager, Section 6 Coordinator		c. Telephone Number (give area code) (916) 653-3779
d. Signature of Authorized Representative <i>Bill Kindred</i>		e. Date Signed 1-16-15

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

* Other (Specify): _____

Governor's Office of Planning & Research

AUG 01 2016

*** 3. Date Received:**

10/2/2015

4. Applicant Identifier:

CDFW

STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

F16AP00006

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1582018

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

94-1697567

*** c. Organizational DUNS:**

6083223580000

d. Address:

* Street1: 1831 9th Street
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

AD, BMB

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

Prefix: _____ * First Name: Sara
Middle Name: _____
* Last Name: Rowe
Suffix: _____

Title: Section 6 Grants Analyst

Organizational Affiliation:

*** Telephone Number:**

9166518710

Fax Number:

*** Email:**

sara.rowe@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

~~F15AS0011~~ F15AS00011

* Title:

~~Traditional Endangered Species Section 6~~

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:**

Traditional Section 6 2015
Stabilizing and improving a state and federal endangered species population of palmate-bracted bird's-beak (Chloropyron palmatum)

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: 11/23/2015 KAJ * b. End Date: 11/22/2018 KAJ

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="174,720.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="58,240.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="232,960.00"/>

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

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

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

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

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

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:

1251032750000

d. Address:

* Street1:

24580 Silver Cloud Court

Street2:

* City:

Monterey

County/Parish:

* State:

CA: California

Governor's Office of Planning & Research

Province:

* Country:

USA: UNITED STATES

AUG 02 2016

* Zip / Postal Code:

93940-9322

STATE CLEARINGHOUSE

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:

831-718-8019

Fax Number:

831-647-8501

* Email:

jgiuffre@mbard.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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.001

CFDA Title:

Air Pollution Control Program Support

*** 12. Funding Opportunity Number:**

EPA-CEP-01

* Title:

EPA Mandatory Grant Programs

13. Competition Identification Number:

Title:

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

SF-424_Item 14_Areas Affected by Proj.docx

Add Attachment

Delete Attachment

View Attachment

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

Basin Wide Pollution Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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:

08/02/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University Enterprises, Inc. on behalf of CSU Sacramento

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

941337638

* c. Organizational DUNS:

029031796

d. Address:

Governor's Office of Planning & Research

* Street1:

6100 J Street

Street2:

* City:

Sacramento

County:

Sacramento

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95819-5111

e. Organizational Unit:

Department Name:

Geology

Division Name:

NSM

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

Prefix:

* First Name:

David

Middle Name:

* Last Name:

Shimabukuro

Suffix:

Ph.D.

Title:

Assistant Professor

Organizational Affiliation:

California State University, Sacramento

* Telephone Number:

9162786382

Fax Number:

9162784850

* Email:

dhs@csus.edu

Funding Opportunity Number:

Received Date: Time Zone: GMT-5

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Other (specify):

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

CSU Sacramento auxillary org

* 10. Name of Federal Agency:

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

75.808

CFDA Title:

U.S. Geological Survey Research and Data Collection

* 12. Funding Opportunity Number:

G18AS00003

* Title:

USGS Non-Competitive Assistance FY 2016 - Sacramento Acquisition Branch

13. Competition Identification Number:

G18AS00003

Title:

USGS Non-Competitive Assistance FY 2016 - Sacramento Acquisition Branch

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

Areas Affected by the Project1003474473.pdf

* 15. Descriptive Title of Applicant's Project:

Cooperative Research Project on Connectivity Between Oil and Gas Development and Groundwater Resources

Attach supporting documents as specified in agency instructions.

Funding Opportunity Number:

Received Date: Time Zone: GMT-5

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-006

* b. Program/Project: CA-006

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

17. Proposed Project:

* a. Start Date: 02/05/2015

* b. End Date: 05/19/2016

18. Estimated Funding (\$):

* a. Federal	82,929.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	82,929.00

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 08/02/2016.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

Middle Name:

* Last Name: Earwicker

Suffix:

* Title: Associate Vice President

* Telephone Number: 916-278-3669 Fax Number: 916-278-6163

* Email: david.earwicker@sus.edu

* Signature of Authorized Representative: David Earwicker * Date Signed: 08/02/2016

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier CA Dept. of Fish and Wildlife
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier G1528008
		4. DATE RECEIVED BY FEDERAL AGENCY 1/16/2015	Federal Identifier F15AP00633

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: California Department of Fish and Wildlife
Organizational DUNS: 08-3442629	Division: ECD/Habitat Conservation Planning Branch
Address: Street: 1416 Ninth Street, 12th floor, Suite 1260	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. Ms. First Name: Bill Sara
City: Sacramento	Middle Name Governor's Office of Planning & Research
County: Sacramento	Last Name Kindred Rowe
State: California	Suffix: AUG 03 2016
Zip Code 95814	
Country: United States of America	Email: bill.kindred@wildlife.ca.gov sara.rowe@wildlife.ca.gov STATE CLEARINGHOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1697567

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

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior - U.S. Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-615

TITLE (Name of Program):
Cooperative Endangered Species Conservation - 2015 Non-Traditional Section 6

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Endangered Species Act
Cooperative Endangered Species Conservation Fund
2015 Non-Traditional Section 6 HCP 1A

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Contra Costa County bm

13. PROPOSED PROJECT See email dated 9/23/15

Start Date: Upon approval Nov 1, 2015
Ending Date: Oct 31, 2018

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 6
b. Project 9, 11

15. ESTIMATED FUNDING:

a. Federal	\$	45%	2,000,000 ⁰⁰
b. Applicant	\$		⁰⁰
c. State	\$		⁰⁰
d. Local	\$		⁰⁰
e. Other	\$	55%	2,444,444 ⁰⁰
f. Program Income	\$		⁰⁰
g. TOTAL	\$		4,444,444 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: Upon Approval
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 Bill	Middle Name
Last Name Kindred		Suffix
b. Title Staff Services Manager; Section 6 Coordinator		c. Telephone Number (give area code) (916) 653-3779
d. Signature of Authorized Representative <i>Bill Kindred</i>		e. Date Signed 1-16-15

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Dept. of Fish and Wildlife
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1528009
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY 1/16/2015	Federal Identifier F15AP00634
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application		

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: California Department of Fish and Wildlife
Organizational DUNS: 08-3442629	Division: ECD/Habitat Conservation Planning Branch
Address: Street: 1416 Ninth Street, 12th floor, Suite 1260	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Sara
City: Sacramento	Middle Name Governor's Office of Planning & Research
County: Sacramento	Last Name Kindred Rowe
State: California	Suffix: AUG 03 2016
Zip Code 95814	
Country: United States of America	Email: sara.kindred@wildlife.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1697567

Phone Number (give area code): (916) 653-3779
Fax Number (give area code): (916) 653-2588

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

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior - U.S. Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-615

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Endangered Species Act
Cooperative Endangered Species Conservation Fund
2015 Non-Traditional Section 6 HCP/EA

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
City of Montebello bm

13. PROPOSED PROJECT See email dated 9/23/15

Start Date: Upon approval Nov 1, 2015
Ending Date: Oct 31, 2018

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 6
b. Project 38

15. ESTIMATED FUNDING:

a. Federal	\$	60%	2,000,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$	40%	1,333,336.00
f. Program Income	\$.00
g. TOTAL	\$		3,333,336.00

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: Upon Approval
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 Bill	Middle Name
Last Name Kindred	Suffix	
b. Title Staff Services Manager; Section 6 Coordinator	c. Telephone Number (give area code) (916) 653-3779	
d. Signature of Authorized Representative <i>Bill Kindred</i>	e. Date Signed 1-16-15	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Dept. of Fish and Wildlife
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1528013
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F15AP00636
		1/16/2015	
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department: California Department of Fish and Wildlife	
Organizational DUNS: 08-3442629		Division: ECD/Habitat Conservation Planning Branch	
Address: Street: 1416 Ninth Street, 12th floor, Suite 1260		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr. Ms.	First Name: Ms. Sara
County: Sacramento		Middle Name Governor's Office of Planning & Research	
State: California	Zip Code 95814	Last Name Kindred Rowe	
Country: United States of America		Suffix: AUG 03 2015	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Email: sara.rowe@wildlife.ca.gov	
		Phone Number (give area code) (916) 653-3779	Fax Number (give area code) (916) 653-2588
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior - U.S. Fish and Wildlife Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-615		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Endangered Species Act Cooperative Endangered Species Conservation Fund 2015 Non-Traditional Section 6 RIA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Western San Bernardino County bm		Palisades Ranch - Mohave River Riparian Area	
13. PROPOSED PROJECT See emailed dated 9/23/15		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: Upon approval Nov 1, 2015	Ending Date: Oct 31, 2018	a. Applicant 6	b. Project 8
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,300,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$.00	DATE: Upon Approval	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 1,280,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 2,580,000.00		
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. Authorized Representative			
Prefix Mr.	First Name Bill	Middle Name	
Last Name Kindred			Suffix
b. Title Staff Services Manager; Section 6 Coordinator		c. Telephone Number (give area code) (916) 653-3779	
d. Signature of Authorized Representative <i>Bill Kindred</i>		e. Date Signed 1-16-15	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Dept. of Fish and Wildlife
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1528007
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY 1/16/2015	Federal Identifier F15AP00632
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department: California Department of Fish and Wildlife	
Organizational DUNS: 08-3442629		Division: ECD/Habitat Conservation Planning Branch	
Address: Street: 1416 Ninth Street, 12th floor, Suite 1260		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Sara
County: Sacramento		Middle Name	
State: California	Zip Code 95814	Last Name Kindred Rowe	
Country: United States of America		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Email: sara.rowe@wildlife.ca.gov	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) (916) 653-3779	
Other (specify)		Fax Number (give area code) (916) 653-2588	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Cooperative Endangered Species Conservation - 2015 Non-Traditional Section 6		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior - U.S. Fish and Wildlife Service	
13. PROPOSED PROJECT See email dated 9/23/15 Start Date: Upon approval Nov 1, 2015 Ending Date: Oct 31, 2018		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Endangered Species Act Cooperative Endangered Species Conservation Fund 2015 Non-Traditional Section 6 HCPA	
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF:	
a. Federal	\$ 2,000,000.00	a. Applicant	6
b. Applicant	\$.00	b. Project	50, 51
c. State	\$.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
d. Local	\$.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
e. Other	\$ 1,077,000.00	DATE: Upon Approval	
f. Program Income	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
g. TOTAL	\$ 3,077,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> 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 Bill	Middle Name	
Last Name Kindred	Suffix		
b. Title Staff Services Manager; Section 6 Coordinator		c. Telephone Number (give area code) (916) 653-3779	
d. Signature of Authorized Representative <i>Bill Kindred</i>		e. Date Signed 1-16-15	

GOVERNOR'S OFFICE OF PLANNING & RESEARCH
AUG 03 2016
STATE CLEARINGHOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Dept. of Fish and Wildlife
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1528012
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY 1/16/2015	Federal Identifier F15AP00637
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department: California Department of Fish and Wildlife	
Organizational DUNS: 08-3442629		Division: ECD/Habitat Conservation Planning Branch	
Address: Street: 1416 Ninth Street, 12th floor, Suite 1260		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr. Ms.	First Name: Bill Sara
County: Sacramento		Middle Name	
State: California	Zip Code 95814	Last Name Kindred Rowe	
Country: United States of America		Suffix: AUG 03 2016	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Email: bill.kindred@wildlife.ca.gov	
		Phone Number (give area code) (916) 653-3779	Fax Number (give area code) (916) 653-2588
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior - U.S. Fish and Wildlife Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-615		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Endangered Species Act Cooperative Endangered Species Conservation Fund 2015 Non-Traditional Section 6 R2A	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Diego, San Diego County		San Diego Vernal Pool Species	
13. PROPOSED PROJECT See 9/23/15 email		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: Upon approval Nov 1, 2015	Ending Date: Oct 31, 2018	a. Applicant 6	b. Project 51
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$.00	DATE: Upon Approval	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 538,462.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 1,538,462.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Bill	Middle Name	
Last Name Kindred			Suffix
b. Title Staff Services Manager; Section 6 Coordinator		c. Telephone Number (give area code) (916) 653-3779	
d. Signature of Authorized Representative <i>Bill Kindred</i>		e. Date Signed 1-16-15	

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Dept. of Fish and Wildlife
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1528006
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY 1/16/2015	Federal Identifier F15AP00631
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department: California Department of Fish and Wildlife	
Organizational DUNS: 08-3442629		Division: ECD/Habitat Conservation Planning Branch	
Address: Street: 1416 Ninth Street, 12th floor, Suite 1260		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr. Ms .	First Name: Bill Sara
County: Sacramento		Middle Name	Governor's Office of Planning & Research
State: California	Zip Code 95814	Last Name Kindred Rowe	AUG 03 2016
Country: United States of America		Suffix:	STATE CLEARINGHOUSE
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 653-8779 x 651-8710	Fax Number (give area code) (916) 653-2588
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Cooperative Endangered Species Conservation - 2015 Non-Traditional Section 6		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior - U.S. Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Endangered Species Act Cooperative Endangered Species Conservation Fund 2015 Non-Traditional Section 6 <i>HCPA</i> Coachella Valley Multiple Species Habitat Conservation Plan	
13. PROPOSED PROJECT See 9/23/15 email		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: Upon approval 11/1/2015	Ending Date: 10/31/2018	a. Applicant 6	b. Project 36
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 65% 2,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Upon Approval	
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	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 35% 1,077,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 3,077,000.00		
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. Authorized Representative			
Prefix Mr.	First Name Bill	Middle Name	
Last Name Kindred			Suffix
b. Title Staff Services Manager, Section 6 Coordinator			c. Telephone Number (give area code) (916) 653-3779
d. Signature of Authorized Representative <i>Bill Kindred</i>			e. Date Signed 1-16-15

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier CA Dept. of Fish and Wildlife
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier G1528010
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY 1/16/2015	Federal Identifier F15AP00635
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department: California Department of Fish and Wildlife	
Organizational DUNS: 08-3442629		Division: ECD/Habitat Conservation Planning Branch	
Address: Street: 1416 Ninth Street, 12th floor, Suite 1260		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Sara
County: Sacramento		Middle Name Governor's Office of Planning & Research	
State: California	Zip Code 95814	Last Name Kindred Rowe	
Country: United States of America		Suffix: AUG 03 2016	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Email: sara.rowe@wildlife.ca.gov	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-615		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior - U.S. Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Endangered Species Act Cooperative Endangered Species Conservation Fund 2015 Non-Traditional Section 6 HCPA	
13. PROPOSED PROJECT Start Date: 9/15/2015 ^{bm} Ending Date: 9/14/2018 ^{bm}		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 6 b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 65% 2,000,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Upon Approval	
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	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 35% 1,077,000 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 3,077,000 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. Authorized Representative			
Prefix Mr.	First Name Bill	Middle Name	
Last Name Kindred		Suffix	
b. Title Staff Services Manager; Section 6 Coordinator		c. Telephone Number (give area code) (916) 653-3779	
d. Signature of Authorized Representative <i>Bill Kindred</i>		e. Date Signed 1-16-15	

Previous Edition Usable
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY 1/16/2015	Applicant Identifier CA Dept. of Fish and Wildlife State Application Identifier G1528005 Federal Identifier F15AP00630
---	--	--	---

5. APPLICANT INFORMATION

Legal Name: State of California Organizational DUNS: 08-3442629 Address: Street: 1416 Ninth Street, 12th floor, Suite 1260 City: Sacramento County: Sacramento State: California Zip Code: 95814 Country: United States of America	Organizational Unit: Department: California Department of Fish and Wildlife Division: ECD/Habitat Conservation Planning Branch Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr Ms. First Name: Bill Sara Middle Name: Last Name: Kindred Rowe Suffix: Email: Bill.Kindred@wildlife.ca.gov Sara.rowe@wildlife.ca.gov
---	--

Governor's Office of Planning & Research
 AUG 03 2016
 STATE CLEARINGHOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 653-3779 445-3698 Fax Number (give area code) (916) 653-2588
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Cooperative Endangered Species Conservation - 2015 Non-Traditional Section 6 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior - U.S. Fish and Wildlife Service 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Endangered Species Act Cooperative Endangered Species Conservation Fund 2015 Non-Traditional Section 6 HCPLA City Of Carlsbad Habitat Management Plan Northwest San Diego County MHCP

13. PROPOSED PROJECT See email dated 9/23/15 Start Date: Upon approval Nov 1, 2015 Ending Date: Oct 31, 2018	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 6 b. Project 49, 50
---	---

15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>2,000,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>1,077,000.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>3,077,000.00</td> </tr> </table>	a. Federal	\$	2,000,000.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$	1,077,000.00	f. Program Income	\$.00	g. TOTAL	\$	3,077,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Upon Approval b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	2,000,000.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$	1,077,000.00																				
f. Program Income	\$.00																				
g. TOTAL	\$	3,077,000.00																				

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. Authorized Representative

Prefix Mr.	First Name Bill	Middle Name
Last Name Kindred	Suffix	
b. Title Staff Services Manager; Section 6 Coordinator		c. Telephone Number (give area code) (916) 653-3779
d. Signature of Authorized Representative <i>Bill Kindred</i>		e. Date Signed 1-16-15

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		<input type="text"/>	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify):	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		<input type="text"/>	
* 3. Date Received:		4. Applicant Identifier:			
Completed by Grants.gov upon submission.		<input type="text"/>			
5a. Federal Entity Identifier:			5b. Federal Award Identifier:		
<input type="text"/>			<input type="text"/>		
State Use Only:			Governor's Office of Planning & Research		
6. Date Received by State:		7. State Application Identifier:			
<input type="text"/>		AUG 04 2016			
8. APPLICANT INFORMATION:					
STATE CLEARINGHOUSE					
* a. Legal Name: California State University, Stanislaus					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
770207337			0838648760000		
d. Address:					
* Street1: One University Circle					
Street2: <input type="text"/>					
* City: Turlock					
County/Parish: <input type="text"/>					
* State: CA: California					
Province: <input type="text"/>					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 95382-0256					
e. Organizational Unit:					
Department Name:			Division Name:		
Endangered Species Program			Biology		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		* First Name:		Joyce	
Middle Name:		<input type="text"/>			
* Last Name:		Bell			
Suffix:		<input type="text"/>			
Title: Interim Director					
Organizational Affiliation:					
Office of Research and Sponsored Programs					
* Telephone Number: 209-667-3784			Fax Number: 209-664-7048		
* Email: jbell16@csustan.edu					

Application for Federal Assistance SF-424

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

S: Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Land Management

11. Catalog of Federal Domestic Assistance Number:

15.231

CFDA Title:

Fish, Wildlife and Plant Conservation Resource Management

*** 12. Funding Opportunity Number:**

L16AS00219

* Title:

BLM CA Evaluate Mohave Ground Squirrel (MGS) Populations and Their Viability

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:**

Evaluate Mohave Ground Squirrel (MGS) Populations and Their Viability

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="324,860.00"/>
* 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="324,860.00"/>

*** 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): _____
---	---	--

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

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 2016 ES
--	---

State Use Only:

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

Governor's Office of Planning & Research

8. APPLICANT INFORMATION:

AUG 05 2016

*** a. Legal Name:** Humboldt State University Sponsored Programs Foundation

STATE CLEARINGHOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946050071	* c. Organizational DUNS: 0143020740000
---	---

d. Address:

* Street1:	1 Harpst Street
Street2:	_____
* City:	Arcata
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95521-8299

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: Erika
Middle Name: _____	
* Last Name: Wright	
Suffix: _____	

Title: _____

Organizational Affiliation:

* Telephone Number: 707-826-5166	Fax Number: _____
---	--------------------------

*** Email:** Erika.Wright@humboldt.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:**

U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.608

CFDA Title:

Fish and Wildlife Management Assistance

*** 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:**

Plethodon 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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,999.00"/>
* 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="1,999.00"/>

*** 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:

OMB Number: 4040-0004
 Expiration Date: 6/31/2016

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: 08/05/2016	* 4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: R16AF00132	5b. Federal Award Identifier: R16AF00132 Governor's Office of Planning & Research	
State Use Only: AUG 08 2016		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION: STATE CLEARINGHOUSE		
* a. Legal Name: Imperial Irrigation District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956001667	* c. Organizational DUNS: 0095346240000	
* d. Address:		
* Street1: P.O. Box 937	Street2: 333 E. Barioni Blvd.	
* City: Imperial	County/Parish: <input type="text"/>	
* State: CA: California	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 92251	
* e. Organizational Unit:		
Department Name: Water	Division Name: Water Quality	
* f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Steve	Middle Name: <input type="text"/>
* Last Name: Charlton	Suffix: <input type="text"/>	
Title: Sr. Program Manager		
Organizational Affiliation: Imperial Irrigation District		
* Telephone Number: 760-339-9143	* Fax Number: 760-339-9009	
* Email: slcharlton@iid.com		

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:**

United States Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.517

CFDA Title:

Fish and Wildlife Coordination Act

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

New River Demonstration Wetlands Monitoring Program

Attach supporting documents as specified in agency instructions.

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="228,889.54"/>
* 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="228,889.54"/>

*** 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 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.

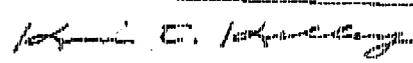
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 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: Ventura County Watershed Protection District	Governor's Office of Planning & Research	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000944	* c. Organizational DUNS: 0666911220000	
d. Address:		
* Street1: 800 South Victoria Avenue	STATE CLEARINGHOUSE	
Street2: _____	Governor's Office of Planning & Research	
* City: Ventura	AUG 09 2016	
County/Parish: Ventura	STATE CLEARINGHOUSE	
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 93009-1610		
e. Organizational Unit:		
Department Name: Watershed Protection District	Division Name: Design and Construction	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Martha	
Middle Name: Irene		
* Last Name: Symes		
Suffix: _____		
Title: Grants Administrator		
Organizational Affiliation: Ventura County Watershed Protection District		
* Telephone Number: 805-654-2013	Fax Number: 805-654-3350	
* Email: martha.symes@ventura.org		

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2016-2004840

* Title:

FY 16 Coastal Ecosystem Resiliency Grants Program

13. Competition Identification Number:

2582590

Title:

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

NOAA_Resiliency_Matilija_SF424_Q14.pdf

Add Attachment

Delete Attachment

View Attachment

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

Matilija Dam Removal Hydraulic, Sediment and Coastal Modeling

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="711,013.57"/>
* b. Applicant	<input type="text" value="20,314.20"/>
* c. State	<input type="text" value="460,063.04"/>
* 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="1,191,390.81"/>

*** 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) _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: Iipay Nation of Santa Ysabel	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: Governor's Office of Planning & Research AUG 10 2018	
State Use Only:	6. Date Received by State: _____	
	7. State Application Identifier: STATE CLEARINGHOUSE	
8. APPLICANT INFORMATION:		
* a. Legal Name: Iipay Nation of Santa Ysabel		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953215892	* c. Organizational DUNS: 184708097	
d. Address:		
* Street 1: PO Box 130	_____	
Street 2:	_____	
* City: Santa Ysabel	_____	
County/Parish: San Diego	_____	
* State: California	_____	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 92070	_____	
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: Sean	
Middle Name:	_____	
* Last Name: Bush	_____	
Suffix:	_____	
Title: District Engineer		
Organizational Affiliation: US Government Indian Health Service		
* Telephone Number: (760) 735-6885	Fax Number: (760) 735-6893	
* Email: sean.bush@ihs.gov		

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

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

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Santa Ysabel Indian Reservation

Add Attachments

Delete Attachments

View Attachments

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

Santa Ysabel Mountain System Connection

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-050

* b. Program/Project CA-050

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: 07-28-2016

* b. End Date: 07-28-2016

18. Estimated Funding (\$):

* a. Federal	\$499,999.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$499,999.00

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 07-28-2016.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- 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: Honorable * First Name: Virgil
Middle Name:
* Last Name: Perez
Suffix:

* Title: Chairperson, Tipay Nation of Santa Isabel

* Telephone Number: (760) 765-0845 Fax Number: (760) 765-2545

* Email: vrapoch@gmail.com

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

Virgil Perez
Virgil Perez, Chairperson

7-28-16
date

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: Governor's Office of Planning & Research AUG 15 2016 STATE CLERK HOUSE			
5a. Federal Entity Identifier: 94-2484636			* 5b. Federal Award Identifier: 169199122		
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: Exeter District Ambulance					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2484636			* c. Organizational DUNS: 169199122		
d. Address:					
* Street 1: 302 E. Palm Street					
Street 2: _____					
* City: Exeter					
County/Parish: Tulare					
* State: California					
Province: _____					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 93221					
e. Organizational Unit:					
Department Name: Exeter District Ambulance			Division Name: _____		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mrs.		* First Name: Kimberly			
Middle Name: _____					
* Last Name: Damico					
Suffix: _____					
Title: District Manager					
Organizational Affiliation: Special District					
* Telephone Number: (559) 594-5250		Fax Number: (559) 592-2301			
* Email: kdamico@edaems.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.):

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="\$120,000.00"/>
* 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="\$120,000.00"/>

*** 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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
---	---	---

Governor's Office of Planning & Research

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	45 15 2016
--	--	-------------------

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

State Use Only:

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

8. APPLICANT INFORMATION:

Governor's Office of Planning & Research

* a. Legal Name: TULARE COUNTY FIRE DEPARTMENT

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000545	* c. Organizational DUNS: 801975702	AUG 15 2016 STATE CLEARINGHOUSE
---	--	--

d. Address:

* Street 1:	907 WEST VISALIA ROAD
Street 2:	_____
* City:	FARMERSVILLE
County/Parish:	TULARE
* State:	CALIFORNIA
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93223

e. Organizational Unit:

Department Name: TULARE COUNTY FIRE DEPARTMENT	Division Name: TCFD - SUPPORT SERVICES
---	---

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

Prefix: _____	* First Name: STEVEN
Middle Name: D.	_____
* Last Name: MURCH	_____
Suffix: _____	_____

Title: ADMINISTRATIVE SERVICES OFFICER II

Organizational Affiliation: _____

* Telephone Number: 559-622-7604	Fax Number: 559-747-8242
--	--

* Email: sdmurch@co.tulare.ca.us
--

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.):

SEE ATTACHED

TERRA BELLA, TULARE COUNTY

Add Attachments

Delete Attachments

View Attachments

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

RURAL COMMUNITY FIRE EMERGENCY EQUIPMENT REPLACEMENT PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant **21ST.**

* b. Program/Project **21ST.**

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

NONE

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: **UPON AWARD**

* b. End Date: **6/2017**

18. Estimated Funding (\$):

* a. Federal	30,000
* b. Applicant	10,000
* c. State	-
* d. Local	-
* e. Other	-
* f. Program Income	-
* g. TOTAL	40,000 XXXXXX

*** 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: **CHARLIE**
Middle Name:
* Last Name: **NORMAN**
Suffix:

* Title: **TCFD FIRE CHIEF**

* Telephone Number: **559-622-7600** Fax Number: **559-747-8242**

* Email: **cnorman@co.tulare.ca.us**

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

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: Government's Office of Planning & Research					
State Use Only:			AUG 15 2018					
6. Date Received by State: _____			7. State Application Identifier: _____			STATE CLEARINGHOUSE		
8. APPLICANT INFORMATION:								
* a. Legal Name: County of Marin								
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000519				* c. Organizational DUNS: 0035262530000				
d. Address:								
* Street1:		3501 Civic Center Drive						
Street2:		_____						
* City:		San Rafael						
County/Parish:		Marin						
* State:		CA: California						
Province:		_____						
* Country:		USA: UNITED STATES						
* Zip / Postal Code:		94903-5217						
e. Organizational Unit:								
Department Name: Marin County Parks				Division Name: Marin County Parks				
f. Name and contact information of person to be contacted on matters involving this application:								
Prefix:		Ms.		* First Name:		Veronica		
Middle Name:		_____						
* Last Name:		Corella-Pearson						
Suffix:		_____						
Title:		Open Space Planner						
Organizational Affiliation: _____								
* Telephone Number: 413-473-6391				Fax Number: 413-473-3795				
* Email:		vpearson@marincounty.org						

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2016-2004840

* Title:

FY 16 Coastal Ecosystem Resiliency Grants Program

13. Competition Identification Number:

2582590

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

North End Bolinas Lagoon Restoration

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="433,500.00"/>
* b. Applicant	<input type="text" value="433,500.00"/>
* 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="867,000.00"/>

*** 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: