Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16 - 31, 2015.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission	* 2. Type of Application	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	- Select One -
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:

4. Application Identifier:
PVF

5a. Federal Entity Identifier:
3-06-0188

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED
AUG 17 2015
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: County of El Dorado

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6000511

*c. Organizational DUNS:
071543201

d. Address:

* Street1: 2850 Fairlane Court
Street 2:
* City: Placerville
County: El Dorado
* State: California
Province:
Country: United States
*Zip/ Postal Code: 95667

e. Organizational Unit:

Department Name:
Community Development Agency

Division Name:
Administration and Finance

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

Prefix: Ms.
First Name: Sherrie
Middle Name:
* Last Name: Busby
Suffix:

Title: Administrative Services Officer

Organizational Affiliation:
County of El Dorado, Community Development Agency, Administration and Finance Division, Operations Unit, Airports

* Telephone Number: (530) 621-5984
Fax Number: (530) 626-0387

* Email: sherrie.busby@edcgov.us

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

Placerville, El Dorado County, California

* 15. Descriptive Title of Applicant's Project:

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

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-004 *b. Program/Project: CA-004

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

17. Proposed Project:

*a. Start Date: 10/01/2015 *b. End Date: 12/31/2016

18. Estimated Funding ($):

*a. Federal	271,767.00
*b. Applicant	16,609.00
*c. State	13,588.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	301,964.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 8-17-15
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372

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

- [ ] Yes
- [x] No

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Steven

Middle Name: M.

*Last Name: Pedretti

Suffix:

*Title: Director of Community Development Agency

*Telephone Number: (530) 621-5914 | Fax Number: (530) 626-0387

* Email: steve.pedretti@edcgov.us

*Signature of Authorized Representative: Steven M. Pedretti

*Date Signed: 8/14/15

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission	* 2. Type of Application	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	- Select One -
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier: BNG
5a. Federal Entity Identifier: 3-06-0018	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Banning

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
95-6000674	099169823

d. Address:

* Street1: 99 E. Ramsey Street
Street 2:
* City: Banning
County: Riverside
* State: California
Province:
Country: United States
*Zip/ Postal Code: 92220

e. Organizational Unit:

Department Name:	Division Name:
Public Works	Airport

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

Prefix: Mr.
First Name: Duane
Middle Name:
* Last Name: Burk
Suffix:

Title: Director of Public Works

Organizational Affiliation:

* Telephone Number: (951) 922-3140
Fax Number: (951) 922-3141

* Email: dburk@ci.banning.ca.us

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Banning, Riverside County, CA

* 15. Descriptive Title of Applicant's Project:

Design & Construct Obstruction Removal and Signage & Marking Improvements and ALP Update

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 41st *b. Program/Project: 41st

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

17. Proposed Project:

*a. Start Date: 04/01/2015 *b. End Date: 08/30/2015

18. Estimated Funding ($):

*a. Federal	127,170.00
*b. Applicant	7,772.00
*c. State	6,358.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	141,300.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 8-18-15

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

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

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

☐ Yes ☒ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Art

Middle Name:

*Last Name: Vela

Suffix:

*Title: Acting Public Works Director

*Telephone Number: (951) 922-3130 Fax Number: (951) 922-3141

* Email: avela@ci.banning.ca.us

*Signature of Authorized Representative: *Date Signed: 8/17/15

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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*3. Date Received: 4. Application 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: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142

*c. Organizational DUNS: 6277974260000

d. Address:

*Street1: 200 University Office Building
Street 2:
*City: Riverside
County: Riverside
*State: California
Province:
Country: USA
*Zip/ Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Sponsored Programs Admin

Division Name: VC Research & Economic Develop

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

Prefix: Ms. First Name: Frosina
Middle Name:
*Last Name: Al Zgoul
Suffix:

Title: Sr. Contract & Grant Officer

Organizational Affiliation:

*Telephone Number: 951-827-4968 Fax Number: 951-827-4483

*Email: frosina.alzgoul@ucr.edu

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Animal and Plant Health Inspection Service (APHIS)

11. Catalog of Federal Domestic Assistance Number:
10.025

CFDA Title:
Plant Protection and Quarantine (PPQ)

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Cultures of DNA for Phase 2 of Molecular Diagnostic Tools for Phytophthora species of concern

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA:041 *b. Program/Project: CA:041

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

17. Proposed Project:

*a. Start Date: 08/01/2015 *b. End Date: 07/31/2016

18. Estimated Funding ($):

*a. Federal	$12,500.00
*b. Applicant	$0.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$12,500.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/18/2015
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Frosina

Middle Name:

*Last Name: Al Zgoul

Suffix:

*Title: Sr. Contract & Grant Officer

*Telephone Number: 951-827-4968 Fax Number: 951-827-4483

*Email: frosina.alzgoul@ucr.edu

*Signature of Authorized Representative: F Al Zgoul Date Signed: 8/18/2015

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:

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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: REGENTS OF THE UNIVERSITY OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
946036494	0471200840000

d. Address:

* Street1:	1850 RESEARCH PARK DRIVE, SUITE #300
Street2:	
* City:	DAVIS
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95618-6153

e. Organizational Unit:

Department Name:	Division Name:

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

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

Title:

Organizational Affiliation:

* Telephone Number:	530-754-8280	Fax Number:	

* Email: bpacuilla@ucdavis.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA APHIS PPQ CDHST

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

Minimizing Socio-Political Impacts to Maximize Cost-Effective Control Pests

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Minimizing Socio-Political Impacts to Maximize Cost-Effective Control Pests

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-003
* 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: 09/01/2015
* b. End Date: 08/31/2016

18. Estimated Funding ($):

* a. Federal	83,500.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	83,500.00

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

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

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

- [ ] Yes
- [x] 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)**

- [x] ** 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:	William
Middle Name:	
* Last Name:	Pacuilla
Suffix:	
* Title:	Contracts and Grants Analyst
* Telephone Number:	530-754-8280
Fax Number:	
* Email:	bpacuilla@ucdavis.edu
* Signature of Authorized Representative:	William Pacuilla
* Date Signed:	8/18/2015

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
	Dept. of Food and Agriculture

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
15-8506-1703-CA	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	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:	Division Name:
Food and Agriculture	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:**

Noxious Weeds Biocontrol

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: 6
* b. Program/Project: CA-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2015
* b. End Date: 06/30/2016

18. Estimated Funding ($):

* a. Federal	15,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	15,000.00

*** 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 08/18/2015.

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

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

Application for Federal Assistance SF-424 Version 02

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

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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AUG 18 2015
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier: 1329-1559

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: ENERGY PASSPORT, INC.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 47-4366671

*c. Organizational DUNS: Pending

d. Address:

*Street 1: 601 CALIFORNIA STREET
Street 2: SUITE 1150
*City: SAN FRANCISCO
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 94108

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: PHILIP
Middle Name: M
*Last Name: SANCHEZ
Suffix:

Title: DIRECTOR OF BUSINESS DEVELOPMENT

Organizational Affiliation:

*Telephone Number: 415-788-8815
Fax Number: 415-788-8821

*Email: PHILIP.SANCHEZ@ENERGYPASSPORT.COM

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

Application for Federal Assistance SF-424 Version 02

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

R. Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

DEPARTMENT OF ENERGY- OFFICE OF ENERGY EFFICIENCY AND RENEWABLE ENERGY (EERE)

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

SOLAR TRAINING AND EDUCATION FOR PROFESSIONALS (STEP)

***12 Funding Opportunity Number:**

DE-FOA-0001329

*Title:

1329: SunPrep Training Program

13. Competition Identification Number:

Title:

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

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

Energy Passport: A New Start-Up Bridging the Solar Related Professional Knowledge Gap through its SunPrep Program

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-012 *b. Program/Project: US-All

17. Proposed Project:

*a. Start Date: 01/08/16 *b. End Date: 12/15/16

18. Estimated Funding ($):

*a. Federal _____
*b. Applicant _____
*c. State _____
*d. Local _____
*e. Other _____
*f. Program Income _____
*g. TOTAL _____

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/18/15

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Daniel
Middle Name: _____
*Last Name: Marino
Suffix: _____

*Title: CEO

*Telephone Number: 510.967.6057 Fax Number: 415.788.8821

* Email: daniel.marino@energypassport.com

*Signature of Authorized Representative: *Date Signed: 8/18/2015

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
08/12/2015	

RECEIVED
AUG 19 2015
STATE CLEARING HOUSE

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	8074876550000

d. Address:

* Street1: 3294 Meadowview Road, Building E
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95832-1437

e. Organizational Unit:

Department Name:	Division Name:
Food and Agriculture	Plant Health & Pest Prevention

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

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

Title: Senior Insect Biosystematist

Organizational Affiliation:

* Telephone Number: 916-262-1166	Fax Number: 916-262-1190

* Email: shaun.winterton@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:

*** 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:**

Development of the Third Edition of the Aquarium and Pond Plants of the World (APPW) Tool and a New APPW Mobile App

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-003
* b. Program/Project:

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/25/2015
* b. End Date: 09/24/2016

18. Estimated Funding ($):

* a. Federal	37,495.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	37,495.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/13/2015

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Federal Funds Manager

* Telephone Number: 916-403-6653

Fax Number:

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

* Signature of Authorized Representative: Crystal Myers

* Date Signed: 8/14/15

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

- ☐ Preapplication
- ☑ Application
- ☐ Changed/Corrected Application

*2. Type of Application

- ☑ New
- ☐ Continuation
- ☐ Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
AUG 20 2015
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: 15-8130-0597-CA

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California, on behalf of its Riverside campus

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142

*c. Organizational DUNS: 62-779-7426

d. Address:

*Street1: 200 University Office Building
Street 2:
*City: Riverside
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Research and Economic Development

Division Name: Sponsored Programs Admin.

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

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

Title: Pr. Contract and Grant Officer

Organizational Affiliation:
University of California, Riverside

*Telephone Number: 951-827-7986

Fax Number: 951-827-4486

*Email: rchan@ucr.edu

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*12. Funding Opportunity Number: 7 USC 7701

*Title: Plant Protection Act

13. Competition Identification Number: N/A

Title:

N/A

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

*15. Descriptive Title of Applicant's Project:

Improving Monitoring and Control of the Old World Bollworm Helicoverpa armigera (Lepidoptera: Noctuidae)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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: 09/30/2015 *b. End Date: 9/29/2016

18. Estimated Funding ($):

*a. Federal	$187,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$187,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/20/2015
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Robert

Middle Name:

*Last Name: Chan

Suffix:

*Title: Pr. Contract and Grant Officer

*Telephone Number: 951-827-7986 Fax Number: 951-827-4483

*Email: rchan@ucr.edu

*Signature of Authorized Representative: Date Signed: 8/20/2015

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier: OUR TOWN ST. HELENA

5a. Federal Entity Identifier: 26-4247407

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: OUR TOWN ST HELENA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-4247407

* c. Organizational DUNS: 023035091

d. Address:

* Street1: 1451 OAK AVENUE
Street2:
* City: SAINT HELENA
County/Parish: NAPA
* State: CALIFORNIA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94574

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: MARY
Middle Name:
* Last Name: STEPHENSON
Suffix:

Title: PRESIDENT

Organizational Affiliation:

* Telephone Number: 707-963-1548

Fax Number:

* Email: stepcomm@aol.com

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-5 * b. Program/Project CA-5

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 9/1/2015 * b. End Date: 8/30/2016

18. Estimated Funding ($):

* a. Federal	540000
* b. Applicant	83200
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	623200

*** 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
- [x] 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)**

- [x] ** 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:	MARY
Middle Name:	
* Last Name:	STEPHENSON
Suffix:	
* Title:	PRESIDENT
* Telephone Number:	707-963-1548
Fax Number:	
* Email:	stepcomm@aol.com
* Signature of Authorized Representative:	Mary Stephenson
* Date Signed:	8/14/15

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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AUG 24 2015
STATE CLEARING HOUSE

* 3. Date Received:

4. Applicant Identifier: 1268-1522

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: Giant Leap Technologies LLC

* b. Employer/Taxpayer Identification Number (EIN/TIN): 90-0938206

* c. Organizational DUNS: 078758832

d. Address:

* Street1: 291 Maather St.
Street2:
* City: Okaland
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94611

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Dr.
* First Name: Leo
Middle Name: David
* Last Name: DiDomenico
Suffix:

Title: CEO

Organizational Affiliation:
Giant Leap Technologies LLC

* Telephone Number: 510-410-3471
Fax Number:

* Email: Leoddd@giant-leap-tech.com

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0001268

* Title:

Concentrating Solar Power: Concentrating Optics for Lower Levelized Energy Costs (COLLECTS)

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:**

CSP Based On Active Microfluidic Mirror Arrays

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-013 * b. Program/Project CA-013

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 2016FEB01 * b. End Date: 2018FEB01

18. Estimated Funding ($):

* a. Federal	2390225
* b. Applicant	600137
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	2990362

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 2015Aug24.
- [ ] 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
- [x] 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)**

- [x] ** 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: Dr. * First Name: Leo

Middle Name: David

* Last Name: DiDomenico

Suffix:

* Title: CEO

* Telephone Number: 510-410-3471 Fax Number:

* Email: Leoddd@giant-leap-tech.com

* Signature of Authorized Representative: Leo David DiDomenico * Date Signed: 2015Aug24

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*2. Type of Application

- [x] New
- [ ] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
AUG 24 2015
STATE CLEARING HOUSE

*3. Date Received: 8/24/2015

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: 15-8130-0599-CA

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142

*c. Organizational DUNS: 6277974260000

d. Address:

*Street1: 200 University Office Building
Street 2:
*City: Riverside
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Research and Economic Development Office

Division Name: Sponsored Programs Admin

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

Prefix: Mr.
First Name: Robert
Middle Name:
*Last Name: Chan
Suffix:

Title: Pr. Contract and Grant Office

Organizational Affiliation:
University of California, Riverside

*Telephone Number: 951.8277986
Fax Number: 951.827.486

*Email: rchan@ucr.edu

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Animal Plant and Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*12. Funding Opportunity Number: 7 USC 7701

*Title: Plant Protection Act

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

California Asian Citrus Psyllid and Huanglongbing Research and Extension Summit

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-041

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 8/31/2015

*b. End Date: 7/31/2016

18. Estimated Funding ($):

*a. Federal	$2,497.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$2,497.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/24/2015
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Robert

Middle Name:

*Last Name: Chan

Suffix:

*Title: Pr. Contract and Grant Office

*Telephone Number: 951.827.7986

Fax Number: 951.827.4483

*Email: rchan@ucr.edu

*Signature of Authorized Representative:

Date Signed: 8/24/2015

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

RECEIVED
AUG 26 2015
STATE CLEARING HOUSE

*3. Date Received: 4. Application 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: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

*c. Organizational DUNS: 604591925

d. Address:

*Street 1: 2801 Second Street
Street 2:
*City: Davis
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 95818-7774

e. Organizational Unit:

Department Name:

Division Name: Agriculture & Natural Resources

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

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

Title: Advisor

Organizational Affiliation:

The Regents of the University of California - ANR
UCCE Santa Cruz
1432 Freedom Blvd., Suite E
Watsonville, CA 95076-2796

*Telephone Number: 831-763-8013
Fax Number:

*Email: satjosvold@ucanr.edu

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

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

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

*Other (specify):

*10. Name of Federal Agency:
USDA/APHIS

11. Catalog of Federal Domestic Assistance Number: 10.025

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Management of Phytophthora species in Nursery Crops using Polyacrylamide (PAM)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA-03 *b. Program/Project: CA-20

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

17. Proposed Project:

*a. Start Date: 07/01/2015 *b. End Date: 06/30/2016

18. Estimated Funding ($):

*a. Federal	$16,583.00
*b. Applicant	$0.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$16,583.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/21/2015
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: *First Name: Heidi

Middle Name:

*Last Name: von Geldern

Suffix:

*Title: Sr. Contracts & Grants Analyst

*Telephone Number: 530-750-1304 Fax Number: 530-756-1148

*Email: ocg@ucanr.edu

*Signature of Authorized Representative: Heidi von Geldern Date Signed: 8/21/15

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*2. Type of Application

- [x] New
- [ ] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
AUG 26 2015
STATE CLEARING HOUSE

*3. Date Received:

4. Application 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: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

*c. Organizational DUNS: 604591925

d. Address:

*Street1: 2801 Second Street
Street 2:
*City: Davis
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 95818-7774

e. Organizational Unit:

Department Name:

Division Name: Agriculture & Natural Resources

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

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

Title: Advisor

Organizational Affiliation:
The Regents of the University of California - ANR
UCCE Sonoma
133 Aviation Blvd, Suite 109
Santa Rosa, CA 95403-2894

*Telephone Number: 707-565-2621

Fax Number:

*Email: lgvarela@ucanr.edu

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
USDA/APHIS

11. Catalog of Federal Domestic Assistance Number: 10.025

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Monitoring and Control of European Grapevine Moth, Lobesia botrana

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-03

*b. Program/Project: CA-05

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

17. Proposed Project:

*a. Start Date: 09/30/2015

*b. End Date: 09/29/2016

18. Estimated Funding ($):

*a. Federal	$76,648.00
*b. Applicant	$0.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$76,648.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/21/2015
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix:

*First Name: Heidi

Middle Name:

*Last Name: von Geldern

Suffix:

*Title: Sr. Contracts & Grants Analyst

*Telephone Number: 530-750-1304

Fax Number: 530-756-1148

*Email: ocg@ucanr.edu

*Signature of Authorized Representative: Heidi von Geldern

Date Signed: 8/21/15

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARING HOUSE

*3. Date Received: 4. Application 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: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

*c. Organizational DUNS: 604591925

d. Address:

*Street1: 2801 Second Street
Street 2:
*City: Davis
County:
*State: CA
Province:
Country: *Zip/ Postal Code: 95818-7774

e. Organizational Unit:

Department Name:

Division Name: Agriculture & Natural Resources

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

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

Title: Advisor

Organizational Affiliation:
The Regents of the University of California - ANR
UCCE San Diego
9335 Hazard Way, Suite 201
San Diego, CA 92123

*Telephone Number: 858-822-7673 Fax Number:

*Email: jabethke@ucanr.edu

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
USDA/APHIS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

Development of regulatory nursery treatment protocols for the light brown apple moth and a natural enemies survey

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-03

*b. Program/Project: CA-52

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

17. Proposed Project:

*a. Start Date: 09/01/2015

*b. End Date: 08/31/2016

18. Estimated Funding ($):

*a. Federal	$125,704.00
*b. Applicant	$0.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$125,704.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 8/26/2015
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix:

*First Name: Heidi

Middle Name:

*Last Name: von Geldern

Suffix:

*Title: Sr. Contracts & Grants Analyst

*Telephone Number: 530-750-1304

Fax Number: 530-756-1148

*Email: ocg@ucanr.edu

*Signature of Authorized Representative: Heidi von Geldern

Date Signed: 8/26/15

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

Application for Federal Assistance SF-424

1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier: USDA

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Fresno

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000393

* c. Organizational DUNS: 60-633-5079

d. Address:

* Street 1: 1910 East University Avenue
Street 2:
* City: Fresno
County/Parish: Fresno County
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93703

e. Organizational Unit:

Department Name: Department of Public Utilities

Division Name: Water Division

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

Prefix: Mr.
* First Name: Thomas
Middle Name:
* Last Name: Esqueda
Suffix:

Title: Director Department of Public Utilities

Organizational Affiliation:

* Telephone Number: (559) 621-5383
Fax Number:

* Email: Thomas.Esqueda@fresno.gov

Application for Federal Assistance SF-424

9. Type of Applicant I - Select Applicant Type:

C: 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, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

MEL-SF424-FAMILY-ALL-FORMS

*** Title:**

MEL-SF424-FAMILY-ALL-FORMS

13. Competition Identification Number:

Title:

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

Orange Center Daleville Area,Fresno

Add Attachments | Delete Attachments | View Attachments

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

Orange Center (Daleville Area) Drought Emergency Consolidation Water Supply Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA - 21, 22 * b. Program/Project 21

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

Add Attachments | Delete Attachments | View Attachments

17. Proposed Project:

* a. Start Date: 09-01-2015 * b. End Date: 09-01-2016

18. Estimated Funding ($):

* a. Federal	1,500,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	1,500,000.00

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 07-17-2015.

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

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

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

☐ 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: Tony Egurola 7/29/2015

Prefix: Mr. * First Name: Thomas

Middle Name:

* Last Name: Esgueda

Suffix:

* Title: Director of Public Utilities

*Telephone Number: Fax Number:

* Email: thomas.esgueda@fresno.gov

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

Tony Egurola 7/29/2015

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

*3. Date Received: 4. Application Identifier:

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142

*c. Organizational DUNS: 6277974260000

d. Address:

*Street1: 200 University Office Building
Street 2:
*City: Riverside
County: Riverside
*State: California
Province:
Country: USA
*Zip/ Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Sponsored Programs Admin

Division Name: VC Research & Economic Develop

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

Prefix: Ms. First Name: Frosina
Middle Name:
*Last Name: Al Zqoul
Suffix:

Title: Sr. Contract & Grant Officer

Organizational Affiliation:

*Telephone Number: 951-827-4968 Fax Number: 951-827-4483

*Email: frosina.alzqoul@ucr.edu

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Animal and Plant Health Inspection Service (APHIS)

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

Plant Protection and Quarantine (PPQ)

*12. Funding Opportunity Number:

*Title: Huanglongbing Multi-Agency Coordination Project Suggestion Guidelines (HLB MAC)

13. Competition Identification Number:

Title:

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

Worldwide

*15. Descriptive Title of Applicant's Project:

Huanglongbing Tolerant Rootstocks and Scions Introduction into the UC Riverside and USDA-ARS California National Clean Plant Network Citrus Centers

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA:041 *b. Program/Project: CA:041

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

17. Proposed Project:

*a. Start Date: 08/15/2015 *b. End Date: 08/14/2017

18. Estimated Funding ($):

*a. Federal	$823,514.00
*b. Applicant	$0.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$823,514.00

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

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

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Frosina

Middle Name:

*Last Name: Al Zgoul

Suffix:

*Title: Sr. Contract & Grant Officer

*Telephone Number: 951-827-4968 Fax Number: 951-827-4483

*Email: frosina.alzgoul@ucr.edu

*Signature of Authorized Representative: FAlzgoul Date Signed: 8/28/2015

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

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

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

*** Other (Specify)**

*** 3. Date Received:** 08/27/2015

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

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

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1598117

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:** 1416 9th STREET
Street2: SUITE 1211
*** City:** SACRAMENTO
County:
*** State:** CA: California
Province:
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 95814-5515

e. Organizational Unit:

Department Name: CDFW

Division Name: GRANTS MANAGEMENT BRANCH

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

Prefix: Mrs.
*** First Name:** Melissa
Middle Name:
*** Last Name:** Jones
Suffix:

Title: Grants Administrator

Organizational Affiliation:

*** Telephone Number:** (916) 327-0062
Fax Number:

*** Email:** melissa.jones@wildlife.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

* 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.):

STATEWIDE

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

Vehicles Supporting Wildlife Restoration Grants

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: CA-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2015
* b. End Date: 12/29/2016

18. Estimated Funding ($):

* a. Federal	497,500.00
* b. Applicant	0.00
* c. State	165,833.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	663,333.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/27/2015.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** 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: Lisa
Middle Name:
* Last Name: Bays
Suffix:

* Title: SSMI

* Telephone Number: (916) 445-3701
Fax Number:

* Email: Lisa.Bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays
* Date Signed: 08/27/2015

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:
08/27/2015	

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STATE CLEARING HOUSE

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

State Use Only:

6. Date Received by State:	7. State Application Identifier:
	G1598118

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

d. Address:

* Street1:	1416 9th STREET
Street2:	SUITE 1211
* City:	SACRAMENTO
County:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-5515

e. Organizational Unit:

Department Name:	Division Name:
CDFW	GRANTS MANAGEMENT BRANCH

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

Prefix:	Mrs.	* First Name:	MELISSA
Middle Name:			
* Last Name:	JONES		
Suffix:			

Title: GRANT ADMINISTRATOR

Organizational Affiliation:
Grants Management Branch

* Telephone Number:	916-357-0062	Fax Number:	

* Email: Melissa.Jones@wildlife.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

* 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.):

Statewide

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

Heavy Equipment Supporting Wildlife Restoration Grants

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: CA-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2015
* b. End Date: 12/29/2016

18. Estimated Funding ($):

* a. Federal	1,061,250.00
* b. Applicant	0.00
* c. State	353,750.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,415,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/27/2015.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** 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: Lisa
Middle Name:
* Last Name: Bays
Suffix:

* Title: SSMI

* Telephone Number: (916) 445-3701
Fax Number:

* Email: lisa.bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays
* Date Signed: 08/27/2015