

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16 - 31, 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
SF 424 (R&R)

3. DATE RECEIVED BY STATE: [] State Application Identifier: []

1. TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

4. a. Federal Identifier: []
b. Agency Routing Identifier: []
c. Previous Grants.gov Tracking ID: []

2. DATE SUBMITTED: [] Applicant Identifier: []

5. APPLICANT INFORMATION
Organizational DUNS: 0143020740000

Legal Name: Humboldt State University Sponsored Programs Foundation
Department: [] Division: []
Street1: 1 Harpst Street
Street2: []
City: Arcata County / Parish: []
State: CA: California Province: []
Country: USA: UNITED STATES ZIP / Postal Code: 95521-8299

AUG 23 2016
STATE CLEARINGHOUSE

Person to be contacted on matters involving this application
Prefix: [] First Name: Erika Middle Name: []
Last Name: Wright Suffix: []
Position/Title: Pre-Award Specialist
Street1: 1 Harpst Street
Street2: []
City: Arcata County / Parish: []
State: CA: California Province: []
Country: USA: UNITED STATES ZIP / Postal Code: 95521-8299
Phone Number: 707-826-5166 Fax Number: []
Email: emw7@humboldt.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 946050071

7. TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify): []
Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:
 New Resubmission Renewal Continuation Revision
If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 E. Other (specify): []

Is this application being submitted to other agencies? Yes No What other Agencies? []

9. NAME OF FEDERAL AGENCY: National Institute of Food and Agriculture
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.202
TITLE: Cooperative Forestry Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
McIntire Stennis Cooperative Forestry Research Program

12. PROPOSED PROJECT: Start Date: 10/01/2016 Ending Date: 09/30/2017
13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-02

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization Name:
 Department: Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	<input type="text" value="129,986.00"/>
b. Total Non-Federal Funds	<input type="text" value="130,000.00"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="259,986.00"/>
d. Estimated Program Income	<input type="text" value="0.00"/>

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

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

17. 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 18, 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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization:
 Department: Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

Signature of Authorized Representative

Date Signed

20. Pre-application

21. Cover Letter Attachment

Key Contacts Form

* Applicant Organization Name:

Humboldt State University Sponsored Programs Foundation

Enter the individual's role on the project (e.g., project manager, fiscal contact).

* Contact 1 Project Role: Project Manager

Prefix: Dr.

* First Name: Han-Sup

Middle Name:

* Last Name: Han

Suffix:

Title: Professor

Organizational Affiliation:

Humboldt State University Sponsored Programs Foundation

* Street1: PO BOX 1185

Street2:

* City: Arcata

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95521-8299

* Telephone Number: 707-826-3725

Fax:

* Email: hh30@humboldt.edu

Delete Entry

Next Person

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):

A: Increase Award

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

16-8506-0934-GR

5b. Federal Award Identifier:

Governor's Office of Planning & Research

AUG 26 2016

State Use Only:

STATE CLEARINGHOUSE

6. Date Received by State: 12/31/2015

7. State Application Identifier: 15-0530-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* 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:**

Exotic Fruit Fly

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="3,600,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,600,000.00"/>

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

Governor's Office of Planning & Research

* 3. Date Received: 08/29/2016	4. Applicant Identifier: 1495-1644
-----------------------------------	---------------------------------------

AUG 26 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:

* a. Legal Name: Sacramento Municipal Utility District	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001157	* c. Organizational DUNS: 0092353420000

d. Address:

* Street1: P.O. Box 15830
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95852-0830

e. Organizational Unit:

Department Name: Energy Research & Development	Division Name: Grid Strategy and Operations
--	---

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

Prefix: _____	* First Name: Elaine
Middle Name: _____	
* Last Name: Sison-Lebrilla	
Suffix: _____	
Title: Principle Investigator	
Organizational Affiliation: _____	

* Telephone Number: 916-732-7017	Fax Number: _____
* Email: elaine.sison-lebrilla@smud.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 Energy (DOE)

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

* 12. Funding Opportunity Number:

DE-FOA-0001495

* Title:

ENABLING EXTREME REAL-TIME GRID INTEGRATION OF SOLAR ENERGY (ENERGISE)

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:

Solutions to Accelerate Grid-integration of Extreme Solar energy (STAGE-Solar)

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-006

* b. Program/Project: CA-006

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

17. Proposed Project:

* a. Start Date: 01/01/2017

* b. End Date: 12/31/2019

18. Estimated Funding (\$):

* a. Federal	4,000,000.00
* b. Applicant	6,319,879.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	10,319,879.00

* 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 08/26/2016
- 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 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: Elaine

Middle Name:

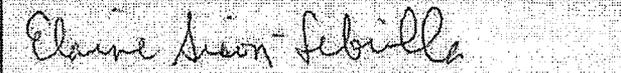
* Last Name: Sison-Lebrilla

Suffix:

* Title: Principle Investigator

* Telephone Number: 916-732-7017 Fax Number:

* Email: elaine.sison-lebrilla@smud.org

* Signature of Authorized Representative: 

* Date Signed: 08/26/2016

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):

[Redacted]

* Other (Specify):

[Redacted]

Governor's Office of Planning & Research

AUG 30 2016

* 3. Date Received:

[Redacted]

4. Applicant Identifier:

[Redacted]

STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

16-8130-0668-CA

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

8. APPLICANT INFORMATION:

* a. Legal Name:

The Regents of the University of California, Riverside

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

956006142W

* c. Organizational DUNS:

627797426

d. Address:

* Street1:

245 University Office Building

Street2:

[Redacted]

* City:

Riverside

County/Parish:

[Redacted]

* State:

California

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92521-0217

e. Organizational Unit: Sponsored Programs Administration

Department Name:

Entomology

Division Name:

[Redacted]

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

Prefix:

[Redacted]

* First Name:

Karen

Middle Name:

[Redacted]

* Last Name:

Garcia

Suffix:

[Redacted]

Title:

Sr. Contract and Grants Officer

Organizational Affiliation:

Regents of the University of California, Riverside campus

* Telephone Number:

951.8278.3692

Fax Number:

[Redacted]

* Email:

kgarcia@ucr.edu

Application for Federal Assistance SF-424

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

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Agriculture, Animal and Plant Health Inspection Service

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.):

* 15. Descriptive Title of Applicant's Project:

Use of stable isotope analysis on ACP to reduce survey efforts for HLB-infected trees

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

CA 041

* 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:

09/01/2014

* b. End Date:

08/31/2014

18. Estimated Funding (\$):

* a. Federal

74,873

* b. Applicant

0.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

74,873

19. Is this 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:

Karen

Middle Name:

* Last Name:

Garcia

Suffix:

* Title:

Sr. Contract and Grants Officer

* Telephone Number:

951.827.3692

Fax Number:

* Email:

kgarcia@ucr.edu

* Signature of Authorized Representative:

* Date Signed:

08/03/2016

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:

4. Applicant Identifier:

16-8130-0528-CA

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

Governor's Office of Planning & Research

AUG 30 2016

State Use Only:

STATE CLEARINGHOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

The Regents of the University of California - Riverside

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

956006142W

* c. Organizational DUNS:

627797426

d. Address:

* Street1:

Sponsored Programs Administration

Street2:

249 University Office Building

* City:

Riverside

County/Parish:

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92521-0217

e. Organizational Unit:

Department Name:

Entomology

Division Name:

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

Prefix:

* First Name:

Karen

Middle Name:

* Last Name:

Garcia

Suffix:

Title:

Sr. Contracts and Grant Officer

Organizational Affiliation:

* Telephone Number:

951.827-3692

Fax Number:

* Email:

kgarcia@ucr.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 - Animal and Plant Health Inspection Service - Plant Protection and Quarantine

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 Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Development of attractant-based detection and control methods for invasive gastropod 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 **CA-041**

* b. Program/Project

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

17. Proposed Project:

* a. Start Date: **09/01/2016**

* b. End Date: **08/31/2016**

18. Estimated Funding (\$):

* a. Federal	63313
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	63313

*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 **8/30/2016**
- 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 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: **Karen**
Middle Name:
* Last Name: **Garcia**
Suffix:

* Title: **Sr. Contracts and Grant Officer**

* Telephone Number: **951.827-3692** Fax Number:

* Email: **kgarcia@ucr.edu**

* Signature of Authorized Representative: 

* Date Signed: **8-30-16**

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:		4. Application Identifier:			
5a. Federal Entity Identifier:		5b. Federal Award Identifier:			
		AUG 30 2016			
		STATE CLEARINGHOUSE			

Governor's Office of Planning & Research

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 (BIN/TIN): 95-6006142	*c. Organizational DUNS: 6277974260000

d. Address:

*Street1: 249 University Office Building
Street 2:
*City: Riverside
County: Riverside
*State: CA
Province:
Country: USA

***Zip/ Postal Code: 92521-0217**

e. Organizational Unit:

Department Name: Sponsored Programs Administration	Division Name: VC Research & Economic Development
---	--

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

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

Title: Principal Contract & Grant Officer/MT Officer

Organizational Affiliation:

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

*Email: frosina.alzgoul@ucr.edu

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number:

USDA-GRANTS-090915-001

*Title:

National Clean Plant Network Cooperative Agreements Program

13. Competition Identification Number:

Title:

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

CA, AZ, HI, TX, LA, AL, Puerto Rico

*15. Descriptive Title of Applicant's Project:

This project will ensure that high quality citrus propagative material will be produced, maintained, and supplied to scientists and the industry in the USA under the standards of excellence of NCPN.

Attach supporting documents as specified in agency instructions.

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: 09/01/2016

*b. End Date: 08/31/2017

18. Estimated Funding (\$):

*a. Federal	\$631,622.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$631,622.00

*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: *First Name: Frosina

Middle Name:

*Last Name: Al Zgoul

Suffix:

*Title: Principal Contract & Grant Officer/MT 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: 8/29/2016

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):**

[]

Governor's Office of Planning & Research

*** 3. Date Received:**

[]

4. Applicant Identifier:

Dept. of Food and Agriculture []

AUG 30 2016

5a. Federal Entity Identifier:

17-8506-1211-CA []

5b. Federal Award Identifier:

[]

STATE CLEARINGHOUSE

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):**
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:**

Asian Citrus Psyllid/Huanglongbing

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="12,444,701.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="1,516,377.00"/>
* 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="13,961,078.00"/>

* 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:

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

16-8130-0359-CA

AUG 30 2016

STATE CLEARINGHOUSE

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, Riverside**

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

956006142W

* c. Organizational DUNS:

627797426

d. Address:

* Street1:

Sponsored Programs Administration

Street2:

249 University Office Building

* City:

Riverside

County/Parish:

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92521-0217

e. Organizational Unit:

Department Name:

Entomology

Division Name:

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

Prefix:

* First Name:

Karen

Middle Name:

* Last Name:

Garcia

Suffix:

Title: **Sr. Contracts and Grant Officer**

Organizational Affiliation:

Regents of the University of California, Riverside campus

* Telephone Number:

951-827-3692

Fax Number:

* Email:

kgarcia@ucr.edu

Application for Federal Assistance SF-424

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

H. Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA/APHIS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

United States

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Brown Marmorated Stink Bug (BMSB) Classical Biological Control (UCR)

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-041

* b. Program/Project:

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2016

* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal:	135,000
* b. Applicant:	0.00
* c. State:	0.00
* d. Local:	0.00
* e. Other:	0.00
* f. Program Income:	0.00
* g. TOTAL:	135,000

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

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

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

Yes No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

I AGREE

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

Authorized Representative:

Prefix: Middle Name: * Last Name: Garcia Suffix:

* First Name: Karen

* Title: Sr. Contracts and Grant Officer

* Telephone Number: 951.827.3692 Fax Number:

* Email: kgarcia@ucr.edu

* Signature of Authorized Representative: *Karen Garcia*

* Date Signed: 08/03/2016

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:

4. Applicant Identifier:

16-8130-0131-CA

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

Governor's Office of Planning & Research

6. Date Received by State:

7. State Application Identifier:

AUG 30 2016

8. APPLICANT INFORMATION:

STATE CLEARINGHOUSE

* a. Legal Name:

The Regents of the University of California - Riverside

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

956006142W

* c. Organizational DUNS:

627797426

d. Address:

* Street1:

Sponsored Programs Administration

Street2:

249 University Office Building

* City:

Riverside

County/Parish:

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92521-0217

e. Organizational Unit:

Department Name:

Entomology

Division Name:

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

Prefix:

* First Name:

Karen

Middle Name:

* Last Name:

Garcia

Suffix:

Title: Sr. Contracts and Grant Officer

Organizational Affiliation:

* Telephone Number:

951.827-3692

Fax Number:

* Email:

kgarcia@ucr.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 - Animal and Plant Health Inspection Service - Plant Protection and Quarantine

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.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Activators and Attractants for Giant African Snail

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-041

* 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: 09/01/2016

* b. End Date: 08/31/2016

18. Estimated Funding (\$):

* a. Federal	78966
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	78966

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: Karen
Middle Name: []
* Last Name: Garcia
Suffix: []

* Title: Sr. Contracts and Grant Officer

* Telephone Number: 951.827-3692 Fax Number: []

* Email: kgarcia@ucr.edu

* Signature of Authorized Representative: *Karen Garcia*

* Date Signed: 08/04/2016

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 type="checkbox"/> New <input checked="" 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: 16-8130-1422-CA
--	---

State Use Only:

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

Governor's Office of Planning & Research
AUG 30 2016

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142	* c. Organizational DUNS: 6277974260000
---	---

d. Address:

* Street1: 200 University Office Building
Street2: _____
* City: Riverside
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Research and Economic Developm	Division Name: Sponsored Programs Admin
--	--

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

Prefix: Mrs.	* First Name: Karen
Middle Name: _____	
* Last Name: Garcia	
Suffix: _____	

Title: Sr. Contract and Grant Officer

Organizational Affiliation: University of California, Riverside

* Telephone Number: 951-827-3692	Fax Number: 951-827-4486
---	---------------------------------

*** Email:** karen.garcia@ucr.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 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:**

CFDA 10.025

* Title:

Plant and Animal Disease, Pest Control and Animal Care

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:**

TARGETED IDENTIFICATION OF PHEROMONES AND RELATED ATTRACTANTS FOR INVASIVE CERAMBYCID BEETLES FROM ASIA

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="181,473.00"/>
* 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="181,473.00"/>

***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.

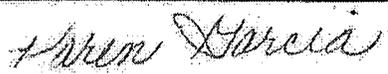
Authorized Representative:

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:

08/29/2016

4. Applicant Identifier:

1535-1615

5a. Federal Entity Identifier:

5b. Federal Award Identifier: **Governor's Office of Planning & Research**

AUG 30 2016

State Use Only:

6. Date Received by State: 08/29/2016

7. State Application Identifier:

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

Sacramento Municipal Utility District

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

91-6001157

* c. Organizational DUNS:

0092353420000

d. Address:

* Street1:

P.O. Box 15830

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip/Postal Code:

95852-0830

e. Organizational Unit:

Department Name:

Energy Research & Development

Division Name:

Grid Strategy and Operations

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

Prefix:

* First Name:

Dwight

Middle Name:

* Last Name:

MacCurdy

Suffix:

Title:

Coordinator, Electrical Transportation Projec

Organizational Affiliation:

* Telephone Number:

916-732-5471

Fax Number:

* Email:

dwright.maccurdy@smud.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 Energy (DOE)

11. Catalog of Federal Domestic Assistance Number:

81.086

CFDA Title:

Conservation Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0001535

* Title:

Fiscal Year (FY) 2016 Vehicle Technologies Multi-Topic

13. Competition Identification Number:

Title:

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

1535-1615 SMUD Locations.docx

Add Attachment

Delete Attachment

View Attachment

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

Market Transformation For Increased Electric Vehicle Adoption in Sacramento

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="5,000,000.00"/>
* b. Applicant	<input type="text" value="12,105,164.00"/>
* c. State	<input type="text" value="349,000.00"/>
* d. Local	<input type="text" value="680,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="18,134,164.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:



* Date Signed:

Application for Federal Assistance SF-424

1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
15-8130-0309-CA

AUG 30 2016

STATE CLEARINGHOUSE

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 - Riverside

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

* c. Organizational DUNS:
627797426

d. Address:

* Street 1: Sponsored Programs Administration

Street 2: 249 University Office Building

* City: Riverside

County/Parish: _____

* State: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name:
Entomology

Division Name:

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

Prefix: _____ * First Name: Karen

Middle Name: _____

* Last Name: Garcia

Suffix: _____

Title: Sr. Contracts and Grant Officer

Organizational Affiliation:
Regents of the University of California, Riverside campus

* Telephone Number: 951-827-3692

Fax Number: _____

* Email: kgarcia@ucr.edu

Application for Federal Assistance SF-424

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

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA/APHIS

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.):

* 15. Descriptive Title of Applicant's Project:

Development of IPM and biological control strategies for management of Asian Citrus Psyllid (ACP) in California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-041

* b. Program/Project: [Redacted]

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

[Redacted]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 09/30/2014

* b. End Date: 09/29/2014

18. Estimated Funding (\$):

* a. Federal	528,096
* b. Applicant	0:00
* c. State	0:00
* d. Local	0:00
* e. Other	0:00
* f. Program Income	0:00
* g. TOTAL	528,096

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 [Redacted]
- 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

[Redacted]

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: [Redacted] * First Name: Karen
Middle Name: [Redacted]
* Last Name: Garcia
Suffix: [Redacted]

* Title: Sr. Contracts and Grant Officer

* Telephone Number: 951-827-3692 Fax Number: [Redacted]

* Email: kgarcia@ucr.edu

* Signature of Authorized Representative: 

* Date Signed: 08/03/2016

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:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

Governor's Office of Planning & Research

15-8130-0309-CA

AUG 30 2016

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

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

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

956006142W

* c. Organizational DUNS:

627797426

d. Address:

* Street1:

Sponsored Programs Administration

Street2:

249 University Office Building

* City:

Riverside

County/Parish:

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92521-0217

e. Organizational Unit:

Department Name:

Entomology

Division Name:

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

Prefix:

* First Name:

Karen

Middle Name:

* Last Name:

Garcia

Suffix:

Title: Sr. Contracts and Grant Officer

Organizational Affiliation:

Regents of the University of California, Riverside campus

* Telephone Number:

951-827-3692

Fax Number:

* Email: kgarcia@ucr.edu

Application for Federal Assistance SF-424

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

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA/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.):

United States

* 15. Descriptive Title of Applicant's Project:

Development of IPM and biological control strategies for management of Asian Citrus Psyllid (ACP) in California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant **CA-041**

* 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: **09/30/2014**

* b. End Date: **09/29/2014**

18. Estimated Funding (\$):

* a. Federal	528,096
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	528,096

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: **Karen**
Middle Name:
* Last Name: **Garcia**
Suffix:

* Title: **Sr. Contracts and Grant Officer**

* Telephone Number: **951.827.3692** Fax Number:

* Email: **kgarcia@ucr.edu**

* Signature of Authorized Representative: 

* Date Signed: **08/03/2016**

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

* 3. Date Received: 05/09/2016	4. Applicant Identifier: _____
--	--

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 16-8130-0238-CA	Governor's Office of Planning & Research AUG 30 2016
--	---	---

State Use Only:	STATE CLEARINGHOUSE
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): 956006142W	* c. Organizational DUNS: 6277974260000
--	---

d. Address:

* Street1:	200 University Office Building
Street2:	_____
* City:	Riverside
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92521-0217

e. Organizational Unit:

Department Name: Sponsored Programs Admin	Division Name: Research and Economic Developm
---	---

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

Prefix: _____	* First Name: Karen
Middle Name: _____	
* Last Name: Garcia	
Suffix: _____	

Title: Sr. Contracts and Grants Officer

Organizational Affiliation:

* Telephone Number: 951.827.3692	Fax Number: 951.827.4483
---	---------------------------------

*** Email:** kgarcia@ucr.edu

Application for Federal Assistance SF-424

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

U: Tribally Controlled Colleges and Universities (TCCOs)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Animal and Plant Health Inspection Service (APHIS)

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

* 12. Funding Opportunity Number:

USDA-GRANTS-090915-001

* Title:

National Clean Plant Network Cooperative Agreements Program

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Ewallacea fornicates species complex attractants/ semiochemicals

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="64,207.00"/>
* 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="64,207.00"/>

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

* 3. Date Received: 05/09/2016	4. Applicant Identifier: _____
--	--

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 16-8130-0382-CA	Governor's Office of Planning & Research
--	---	---

State Use Only: **AUG 30 2016**

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142W	* c. Organizational DUNS: 6277974260000

d. Address:

* Street1: 200 University Office Building
Street2: _____
* City: Riverside
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Sponsored Programs Admin	Division Name: Research and Economic Developm
--	--

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

Prefix: _____	* First Name: Karen
Middle Name: _____	
* Last Name: Garcia	
Suffix: _____	

Title: Sr. Contracts and Grants Officer

Organizational Affiliation:

* Telephone Number: 951.827.3692	Fax Number: 951.827.4483
---	---------------------------------

* Email: kgarcia@ucr.edu

Application for Federal Assistance SF-424

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

U: Tribally Controlled Colleges and Universities (TCCUs)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Animal and Plant Health Inspection Service (APHIS)

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

*** 12. Funding Opportunity Number:**

USDA-GRANTS-090915-001

* Title:

National Clean Plant Network Cooperative Agreements Program .

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Natural Enemies and Control of Polyphagous Shot Hole Borer (Euwallacea sp.)

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="100,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="100,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

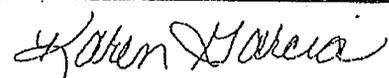
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

08/26/2016

4. Applicant Identifier:

Governor's Office of Planning & Research

AUG 31 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:

* a. Legal Name: City of Los Angeles Department of Water and Power

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

95-6000736

* c. Organizational DUNS:

1038725160000

d. Address:

* Street1: 111 North Hope Street

Street2:

* City: Los Angeles

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90012-2607

e. Organizational Unit:

Department Name:

Water and Power

Division Name:

Solar Energy Development

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

Prefix:

Mr.

* First Name:

Jason

Middle Name:

* Last Name:

Rondou

Suffix:

Title: Electrical Engineer

Organizational Affiliation:

City of Los Angeles Department of Water and Power

* Telephone Number: (213) 367-2585

Fax Number:

* Email: jason.rondou@ladwp.com

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0001495

* Title:
ENabling Extreme Real-Time Grid Integration of Solar Energy (ENERGISE)

13. Competition Identification Number:

Title:

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

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

Seamless Distributed Resource Integration for High Solar Penetration

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,500,000.00"/>
* b. Applicant	<input type="text" value="3,500,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="7,000,000.00"/>

*** 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: 08/22/2016	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

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

State Use Only:

6. Date Received by State: 08/22/2016	7. State Application Identifier: G1598123
---------------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: Stae of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 941697567	* c. Organizational DUNS: 8083223580000

d. Address:

* Street1: 1416 9th Street, Ste. 117
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: Fish and Wildlife	Division Name: Administration
------------------------------------	-------------------------------

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

Prefix: _____	* First Name: Christina
Middle Name: _____	
* Last Name: Alston	
Suffix: _____	
Title: Grant Administrator	

Organizational Affiliation: Grants Management

* Telephone Number: 916-445-5148	Fax Number: _____
* Email: christina.alston@wildlife.ca.gov	

Government's Office of Planning & Research
AUG 31 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:**

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.555

CFDA Title:

San Joaquin River Restoration O&M (SCARF)

*** 12. Funding Opportunity Number:**

N/A

* Title:

San Joaquin River Restoration O&M (SCARF)

13. Competition Identification Number:

N/A

Title:

N/A

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

Add Attachment

Delete Attachment

View Attachment

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

SAN JOAQUIN RIVER RESTORATION PROGRAM
SALMON CONSERVATION and RESEARCH INTERIM FACILITY
OPERATIONS and MAINTENANCE

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="1,896,461.63"/>
* 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="1,896,461.63"/>

*** 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: