

Federal Grant Applications

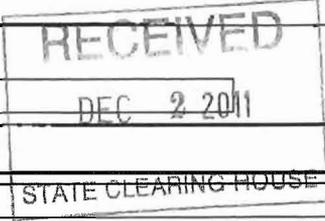
The following are Applications for Federal Assistance received by the State Clearinghouse **December 1 - 15, 2011**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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: _____
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
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State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____

8. APPLICANT INFORMATION:

* a. Legal Name: San Francisco State University	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-1137247	* c. Organizational DUNS: 9425149850000

d. Address:
* Street1: 1600 Holloway Avenue
Street2: _____
* City: San Francisco
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94132-1722

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: William
Middle Name: _____	
* Last Name: Kimmerer	
Suffix: _____	
Title: Senior Research Scientist	
Organizational Affiliation: _____	

* Telephone Number: 415-338-3515	Fax Number: 415-435-7120
* Email: kimmerer@sfsu.edu	

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="54,186.00"/>
* 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="54,186.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

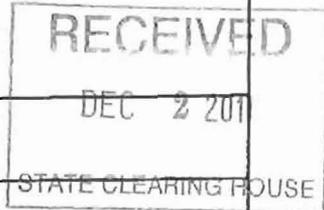
* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424 Version 02

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



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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="94-23888681"/>	<p>* c. Organizational DUNS:</p> <input type="text" value="157658485"/>
---	---

d. Address:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* Zip / Postal Code:

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:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

Application for Federal Assistance SF-424	Version 02
<p>9. Type of Applicant 1: Select Applicant Type:</p> <input style="width:95%;" type="text" value="E: Regional Organization"/> <p>Type of Applicant 2: Select Applicant Type:</p> <input style="width:95%;" type="text"/> <p>Type of Applicant 3: Select Applicant Type:</p> <input style="width:95%;" type="text"/> <p>* Other (specify):</p> <input style="width:35%;" type="text"/>	
<p>* 10. Name of Federal Agency:</p> <input style="width:95%;" type="text" value="Economic Development Administration"/>	
<p>11. Catalog of Federal Domestic Assistance Number:</p> <input style="width:15%;" type="text" value="11.302"/> <p>CFDA Title:</p> <input style="width:95%;" type="text" value="Economic Development_Support for Planning Organizations"/>	
<p>* 12. Funding Opportunity Number:</p> <input style="width:40%;" type="text" value="EEA11242010PAT"/> <p>* Title:</p> <input style="width:95%;" type="text" value="FY 2011 Planning and Local Technical Assistance Programs Opportunity"/>	
<p>13. Competition Identification Number:</p> <input style="width:40%;" type="text" value="1"/> <p>Title:</p> <input style="width:95%;" type="text"/>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.):</p> <input style="width:95%;" type="text" value="Amador, Alpine, Calaveras, Mariposa and Tuolumne Counties and Cities within."/>	
<p>* 15. Descriptive Title of Applicant's Project:</p> <input style="width:95%;" type="text" value="Production and publication of a regional Comprehensive Economic Development Strategy (CEDS), Small Business Assistance Program Setup and Implementation, and data research for partnership communities."/>	
<p>Attach supporting documents as specified in agency instructions.</p> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/> </div>	

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

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: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="50,000.00"/>
* b. Applicant	<input type="text" value="50,040.00"/>
* 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="100,040.00"/>

* **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:
 Middle Name:
 * Last Name:
 Suffix:

* Title:
 * Telephone Number: Fax Number:
 * Email:
 * Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
		*If Revision, select appropriate letter(s): * Other (Specify)
*3. Date Received:		4. Application Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center;">DEC - 7 2011</p> <p style="text-align: center;">STATE CLEARING HOUSE</p> </div>		
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: Pratt & Whitney Rocketdyne, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-2401556		*c. Organizational DUNS: 196094283
d. Address:		
*Street1: 6633 Canoga Avenue, Street 2: *City: Canoga Park, County: *State: CA Province: Country: USA		
*Zip/ Postal Code: 91309-7922		
e. Organizational Unit:		
Department Name: Future Programs		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		First Name: Sreenivasan
Middle Name:		
*Last Name: Ravishankar		
Suffix:		
Title: Proposal Manager		
Organizational Affiliation:		
*Telephone Number: 818-586-5463		Fax Number:
*Email: Sreenivasan.Ravishankar @pwr.ute.com		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **Q. For-Profit Organization (Other than Small Business)**

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:

U.S. Department of Energy Energy Efficiency and Renewable Energy Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

CFDA Number: 81.086

CFDA Title:

Innovative Manufacturing Initiative*12. Funding Opportunity Number: **DE-FOA-0000560**

*Title:

One Step Hydrogen Generation through Sorption Enhanced Reforming - Subtopic 1A, Reactions and Separations13. Competition Identification Number: **Not Applicable**

Title:

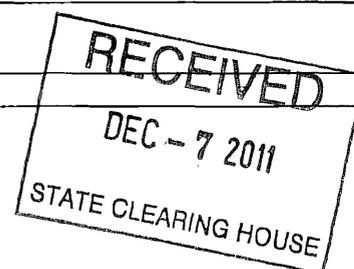
14. Areas Affected by Project (Cities, Counties, States, etc.):

Canoga Park, Los Angeles County, CA

*15. Descriptive Title of Applicant's Project:

One Step Hydrogen Generation through Sorption Enhanced Reforming - Subtopic 1A, Reactions and Separations**Attach supporting documents as specified in agency instructions.**

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<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: 0560-2909
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: University of California/ Lawrence Berkeley Nat'l Laboratory		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942951741		*c. Organizational DUNS: 078576738
d. Address:		
*Street1: 1 Cyclotron Road		
Street 2:		
*City: Berkeley		
County: Alameda County		
*State: CA: California		
Province:		
Country: USA: UNITED STATES		*Zip/ Postal Code: 94720-8130
e. Organizational Unit:		
Department Name: Division Directorate		Division Name: Environmental Energy Technologies
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		First Name: Susan
Middle Name:		
*Last Name: Addy		
Suffix:		
Title: Postdoctoral Fellow		
Organizational Affiliation: Lawrence Berkeley National Laboratory		
*Telephone Number: (510) 705-3880		Fax Number:
*Email: SEAmrose@lbl.gov		



Application for Federal Assistance SF-424	Version 02
<p>9. Type of Applicant 1: Select Applicant Type: <input checked="" type="checkbox"/> Other (specify)</p> <p>Type of Applicant 2: Select Applicant Type: - Select One -</p> <p>Type of Applicant 3: Select Applicant Type: - Select One -</p> <p>*Other (specify): Federally Funded Research and Development Center</p>	
<p>*10. Name of Federal Agency: Department of Energy, Office of Energy Efficiency & Renewable Energy</p>	
<p>11. Catalog of Federal Domestic Assistance Number: 81.086</p> <p>CFDA Title: Conservation Research and Development</p>	
<p>*12. Funding Opportunity Number: DE-FOA-0000560</p> <p>*Title: Innovative Manufacturing Initiative</p>	
<p>13. Competition Identification Number:</p> <p>Title:</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.):</p> <p>Berkeley, CA (Alameda County) - primary work location Vancouver, BC, Canada - partner/subrecipient work location</p>	
<p>*15. Descriptive Title of Applicant's Project: Development of a Cost-Effective, Low Energy, Decentralized Separation Method to Remove Arsenic and Other Contaminants from Water and Wastewater</p>	
<p>Attach supporting documents as specified in agency instructions.</p>	

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant
CA-009*b. Program/Project:
CA-009

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

17. Proposed Project: (36 months)

*a. Start Date: 04/01/12

*b. End Date: 03/31/15

18. Estimated Funding (\$):

*a. Federal	\$1,000,000.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$1,000,000.00

***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 12/07/2011
- 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: Marcia

Middle Name: W.

*Last Name: Beck

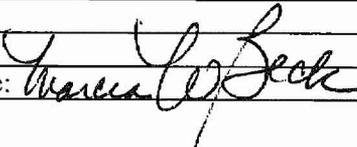
Suffix:

*Title: Leader, Program Development

*Telephone Number: 510-486-6156

Fax Number: 510-486-5454

*Email: MWBeck@lbl.gov

*Signature of Authorized Representative:  Date Signed: 12/7/11

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

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

OMB Number: 4040-0004
Expiration Date: 01/31/2012**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:
Sa. 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: Pratt & Whitney Rocketdyne, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-2401556

*c. Organizational DUNS:
196094283**d. Address:**

*Street1: 6633 Canoga Avenue,
Street 2:
*City: Canoga Park.
County:
*State: CA
Province:
Country: USA

*Zip/ Postal Code: 91309-7922

e. Organizational Unit:

Department Name: Future Programs	Division Name:
-------------------------------------	----------------

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

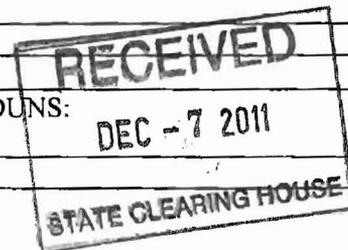
Prefix: First Name: Sreenivasan
Middle Name:
*Last Name: Ravishankar
Suffix:

Title: Proposal Manager

Organizational Affiliation:

*Telephone Number: 818-586-5463 Fax Number:

*Email: Sreenivasan.Ravishankar @pwr.utc.com



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **Q. For-Profit Organization (Other than Small Business)**

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:

U.S. Department of Energy Energy Efficiency and Renewable Energy Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

CFDA Number: 81.086

CFDA Title:

Innovative Manufacturing Initiative*12. Funding Opportunity Number: **DE-FOA-0000560, Control Number: 0560-3014**

*Title:

One Step Hydrogen Generation through Sorption Enhanced Reforming - Subtopic 1A, Reactions and Separations13. Competition Identification Number: **Not Applicable**

Title:

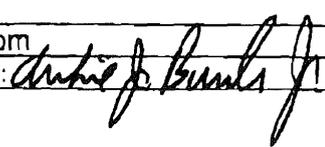
14. Areas Affected by Project (Cities, Counties, States, etc.):

Canoga Park, Los Angeles County, CA

*15. Descriptive Title of Applicant's Project:

One Step Hydrogen Generation through Sorption Enhanced Reforming - Subtopic 1A, Reactions and Separations**Attach supporting documents as specified in agency instructions.**

OMB Number 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant CA - 27	*b. Program/Project:	
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project:		
*a. Start Date: April 2012	*b. End Date: April 2012	
18. Estimated Funding (\$):		
*a. Federal	\$5,027,983.00	
*b. Applicant	\$3,351,988.00	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$8,379,971.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 6 December 2011 <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. PWR Ltr No 2011RC2635 <input type="checkbox"/> c. Program is not covered by E.O. 12372 Proposal No RD11-279P		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> **I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: Mr.	*First Name: Archie	
Middle Name: J.		
*Last Name: Burds		
Suffix: Jr.		
*Title: Director, Contracts		
*Telephone Number: 818-586-0455		Fax Number:
*Email: archie.burds-jr@pwr.utc.com		
*Signature of Authorized Representative: 		Date Signed: 12/06/2011

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
DEC - 8 2011

* 3. Date Received:

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name:

Eric Christian Hansen

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

20-0760956

* c. Organizational DUNS:

069354103

d. Address:

* Street1:

4200 North Freeway Boulevard, Suite 4

Street2:

* City:

Sacramento

County:

Sacramento

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95834-1235

e. Organizational Unit:

Department Name:

Individual

Division Name:

Individual

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

Prefix:

Mr.

* First Name:

Eric

Middle Name:

Christian

* Last Name:

Hansen

Suffix:

Title:

Owner/Proprietor

Organizational Affiliation:

* Telephone Number:

(916) 214-7848

Fax Number:

(916) 921-8278

* Email:

echansen@sbcglobal.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Consultant

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

U.S. Department of Interior, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

*** 12. Funding Opportunity Number:**

R12AF20001

*** Title:**

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

N/A

Title:

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

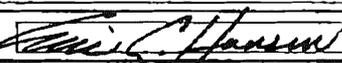
Sacramento County, California

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

Determining the Feasibility of Horseshoe Marsh on the Cosumnes River Preserve as a Repatriation Site for Giant Garter Snake (*Thamnophis gigas*)

Attach supporting documents as specified in agency instructions.

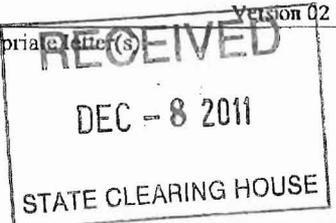
OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	District 5	* b. Program/Project District 3
Attach an additional list of Program/Project Congressional Districts if needed. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
17. Proposed Project:		
* a. Start Date:	April 15 , 2012	* b. End Date: April 14 2013
18. Estimated Funding (\$):		
* a. Federal	81,820	
* b. Applicant	8,850	
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	90,670	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on	December 8, 2011
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>		
Authorized Representative:		
Prefix:	Mr.	* First Name: Eric
Middle Name:	Christian	
* Last Name:	Hansen	
Suffix:		
* Title:	Consultant	
* Telephone Number:	(916) 214-7848	Fax Number: (916) 921-8278
* Email:	echansen@sbcglobal.net	
* Signature of Authorized Representative:		* Date Signed: 12-03-2011

OMB Number: 4040-0004
Expiration Date: C1/31/2012

Version 02

Application for Federal Assistance SF-424		
*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate classification(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: 12/02/2011	4. Application Identifier: 0521-1527	
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: San Diego Convention and Visitor's Bureau		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1812810	*c. Organizational DUNS:	
d. Address:		
*Street1: 750 B Street, Suite 1500		
Street 2:		
*City: San Diego		
County:		
*State: CA		
Province:		
Country:		
*Zip/ Postal Code: 92101		
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: Joseph	
Middle Name:		
*Last Name: Terzi		
Suffix:		
Title: President & CEO		
Organizational Affiliation:		
*Telephone Number: 619-557-2831	Fax Number:	
*Email: jterzi@sdcvb.org		



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: N. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

501c6

*10. Name of Federal Agency:

US Department of Energy Office of Energy Efficiency and Renewable Energy Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81-117

CFDA Title:

Energy Efficiency and Renewable Energy Information Dissemination, Outreach, Training and Technical Analysis/Assistance

*12. Funding Opportunity Number: DE-FOA-0000521

*Title:

2013 Solar Decathlon & Energy Efficiency and Renewable Energy Showcase Event

13. Competition Identification Number:

Title:

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

City of San Diego

*15. Descriptive Title of Applicant's Project:

See supporting Application for details

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant

53rd Congressional District

*b. Program/Project:

53rd Congressional District

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

17. Proposed Project: 2013 Solar Decathlon

*a. Start Date: TBD by DOE

*b. End Date: TBD by DOE

18. Estimated Funding (\$):

*a. Federal	\$1,000,000.00
*b. Applicant	\$0.00
*c. State	\$48,800.00
*d. Local	\$1,800,000.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$2,848,800.00

*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: Joseph

Middle Name:

*Last Name: Terzi

Suffix:

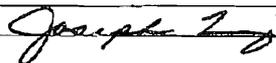
*Title: President & Chief Executive Officer

*Telephone Number: 619-557-2831

Fax Number:

*Email: jterzi@sdcvb.org

*Signature of Authorized Representative:



Date Signed: 12/2/2011

Application for Federal Assistance SF-424

Version 02

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

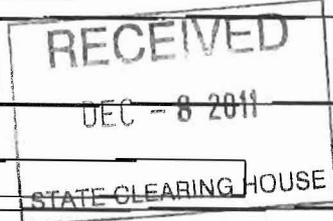
* 2. Type of Application:
 New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier:



5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: _____

6. APPLICANT INFORMATION:

* a. Legal Name: American Land Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-3121656

* c. Organizational DUNS:
620999656

d. Address:

* Street1: 369 Pine Street
Street2: Suite 700
* City: San Francisco
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94104

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms. First Name: Pat
Middle Name: _____
* Last Name: Ortmeier
Suffix: _____

Title: Director of Development

Organizational Affiliation:

* Telephone Number: 406-241-2678

Fax Number: 415-912-3662

* Email: pat@alcnnet.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R12AF20001

*** Title:**

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

Tulare County, California

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

Acquisition of Habitat for Threatened and Endangered Species at Pixley National Wildlife Refuge

Attach supporting documents as specified in agency instructions.

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:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="412,667.00"/>
* 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="6,897.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="419,564.00"/>

*** 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 210, 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:

Kerry O'Toole

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:**

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R12AF20001

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

Santa Clara County

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

Research facilitating recovery of the endangered serpentine endemic Tiburon paintbrush (*Castilleja affinis* ssp. *neglecta*) at Coyote Ridge in southern Santa Clara County

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant: <input type="text" value="CA-014"/>	* b. Program/Project: <input type="text" value="CA-011"/>	
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date: <input type="text" value="09/01/2012"/>	* b. End Date: <input type="text" value="01/30/2016"/>	
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="93,130.00"/>	
* b. Applicant	<input type="text" value="51,600.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="6,200.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="150,930.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="12/08/2011"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Christal"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Niederer"/>		
Suffix: <input type="text"/>		
* Title: <input type="text" value="Staff scientist"/>		
* Telephone Number: <input type="text" value="650 655 6677"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="christal@creeksidescience.com"/>		
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Pueblo Unido CDC		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">DEC - 9 2011</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit:		
Organizational DUNS: 025633288			Department:		
Address: Street: 78-115 Calle Estado, Suite 204			Division:		
City: La Quinta			Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Riverside		State: California		Zip Code: 92253	
Country: Riverside		Email: scarranza@pucdc.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [2][8]-[3][6][4][7][2][1][1]		Phone Number (give area code) (760) 777-7560		Fax Number (give area code) (760) 771-0271	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit Organization Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1][0]-[7][6][6] TITLE (Name of Program): Community Facilities		8. NAME OF FEDERAL AGENCY: USDA-Rural Development			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mecca		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Antonio del Desierto Well Development			
13. PROPOSED PROJECT Start Date: 1/9/2012 Ending Date: 3/12/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 45th b. Project			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 35,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant	\$ 10,000.00	DATE:			
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$ 25,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$ 20,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 90,000.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative					
Prefix	First Name Sergio	Middle Name			
Last Name Carranza	Suffix		c. Telephone Number (give area code) (760) 777-7550		
b. Title Executive Director		e. Date Signed 12/9/2011			
d. Signature of Authorized Representative					

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

Application for Federal Assistance SF-424 Version 02

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

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: N/A
--	--

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Tansley Team, Inc.
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 27-0629805	* c. Organizational DUNS: 015115636
--	---

d. Address:

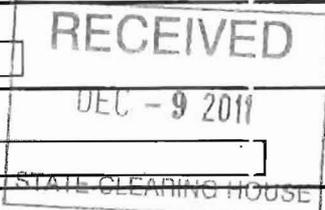
* Street1:	4500 Karchner Rd
Street2:	<input type="text"/>
* City:	Sheridan
County:	Placer
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95681

e. Organizational Unit:

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

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

Prefix:	Dr.	* First Name:	Brent
Middle Name:	Paul		
* Last Name:	Helmer		
Suffix:	Ph.D		
Title:	President		
Organizational Affiliation:	N/A		
* Telephone Number:	(530) 633-0220	Fax Number:	(530) 633-0230
* Email:	bhelmer69485@aol.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:**

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R12AF20001

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

Sacramento County and State of California

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

Protect existing natural vernal pool habitats for salamanders through habitat identification and research.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-004"/>	* b. Program/Project <input type="text" value="CA-003"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View All Items"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="08/01/2012"/>	* b. End Date: <input type="text" value="11/01/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="153,182.00"/>	
* b. Applicant	<input type="text" value="37,685.76"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="37,334.18"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="228,201.94"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="12/08/2011"/> .		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** 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.</small>		
Authorized Representative:		
Prefix:	<input type="text" value="Dr."/>	* First Name: <input type="text" value="Brent"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Helm"/>	
Suffix:	<input type="text" value="Ph.D"/>	
* Title:	<input type="text" value="President"/>	
* Telephone Number:	<input type="text" value="(530) 633-0220"/>	Fax Number: <input type="text" value="(530) 633-0230"/>
* Email:	<input type="text" value="bhelm69485@aol.com"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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):

DEC - 9 2011

* Other (Specify):

STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

N/A

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: Tansley Team, Inc.

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

27-0629805

* c. Organizational DUNS:

015115636

d. Address:

* Street1: 4600 Karchner Rd

Street2:

* City: Sheridan

County: Placer

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95681

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: Brent

Middle Name: Paul

* Last Name: Helm

Suffix: Ph.D

Title: President

Organizational Affiliation:

N/A

* Telephone Number: (530) 633-0220 Fax Number: (530) 633-0230

* Email: bhelm69485@aol.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:**

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R12AF20001

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

Sacramento County and State of California

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

Protect existing natural vernal pool habitats for salamanders through habitat identification and research.

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

* 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="153,182.00"/>
* b. Applicant	<input type="text" value="37,685.76"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="37,334.18"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="228,201.94"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

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)

RECEIVED

DEC - 9 2011

* 3. Date Received:

 Completed by Grants.gov upon submission.

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name:

River Partners

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

94-3302335

* c. Organizational DUNS:

078690836

d. Address:

* Street1:

580 Vallombrosa Ave.

Street2:

* City:

Chico

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95926

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mrs.

* First Name:

Julio

Middle Name:

* Last Name:

Rentner

Suffix:

Title:

Central Valley Regional Director

Organizational Affiliation:

employee

* Telephone Number:

(209) 521-1700 x23

Fax Number:

(209) 521-7327

* Email:

jrentner@riverpartners.org

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:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

* 12. Funding Opportunity Number:

R12AP20001

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

Unincorporated lands 12 miles west of Modesto, Stanislaus County, California

* 15. Descriptive Title of Applicant's Project:

Riparian Habitat Restoration at Dos Rios Ranch

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA2"/>	* b. Program/Project <input type="text" value="CA-018"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10/01/2012"/>	* b. End Date: <input type="text" value="12/31/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="1,217,939.55"/>	
* b. Applicant	<input type="text" value="40,209.00"/>	
* 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="1,258,148.55"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="12/09/2011"/>
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="John"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Carlton"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="President and CEO"/>	
* Telephone Number:	<input type="text" value="(530) 894-5401"/>	Fax Number: <input type="text" value="(530) 894-5212"/>
* Email:	<input type="text" value="jcarlton@riverpartners.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)



* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

River Partners

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

94-3302335

* c. Organizational DUNS:

078690836

d. Address:

* Street1:

560 Vallombrosa Ave

Street2:

* City:

Chico

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95926

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:

Julio

Middle Name:

* Last Name:

Rentner

Suffix:

Title:

Central Valley Regional Director

Organizational Affiliation:

employee

* Telephone Number:

(209) 521-1700 x23

Fax Number:

(209) 521-7327

* Email:

jrentner@riverpartners.org

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:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

* 12. Funding Opportunity Number:

R12AF2001

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

Bakersfield, Kern County, California

* 15. Descriptive Title of Applicant's Project:

Bakersfield Cactus Restoration at Panorama Vista Preserve

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	CA2	* b. Program/Project CA-022
Attach an additional list of Program/Project Congressional Districts if needed.		
	Add Attachment	Delete Attachment View Attachment
17. Proposed Project:		
* a. Start Date:	10/01/2012	* b. End Date: 09/30/2016
18. Estimated Funding (\$):		
* a. Federal		321,250.27
* b. Applicant		0.00
* c. State		0.00
* d. Local		0.00
* e. Other		9,300.00
* f. Program Income		0.00
* g. TOTAL		330,550.27
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	12/09/2011
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Explanation
<p>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)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>		
Authorized Representative:		
Prefix:	Mr.	* First Name: John
Middle Name:		
* Last Name:	Carlton	
Suffix:		
* Title:	President and CEO	
* Telephone Number:	(530) 894-5401	* Fax Number: (530) 894-5212
* Email:	jcarlton@riverpartners.org	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

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
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
		*If Revision, select appropriate letter(s): * Other (Specify)
*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: West Valley Water District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006490		*c. Organizational DUNS: 008078529
d. Address:		
*Street1: 855 W. Baseline Road Street 2: P.O. Box 920 *City: Rialto County: San Bernardino *State: California Province: Country: USA		
		*Zip/ Postal Code: 92376
e. Organizational Unit:		
Department Name: Administration		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr. Middle Name: John *Last Name: Crowley, P.E. Suffix:		First Name: Thomas
Title: Assistant General Manager/Program Manager		
Organizational Affiliation: West Valley Water District 855 W. Baseline Rd. Rialto, CA 92376		
*Telephone Number: (909) 875-1804 ext. 702		Fax Number: (909) 782-7284
*Email: tcrowley@wvwd.org		



Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USEPA

11. Catalog of Federal Domestic Assistance Number:

66.802

CFDA Title:

Superfund State, Political Subdivision, and Indian Tribe Site Specific Cooperative Agreement

*12. Funding Opportunity Number: N/A

*Title:

13. Competition Identification Number: N/A

Title:

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

Portions of Cities of Rialto, Colton, Fontana, Jurupa Valley and Bloomington, and portions of the unincorporated areas of San Bernardino and Riverside Counties, California

*15. Descriptive Title of Applicant's Project:

Pump and Treat Contaminated Groundwater and use Treated Water as a Drinking Water Supply

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-43**

*b. Program/Project: **CA-43**

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

17. Proposed Project:

*a. Start Date: **1/1/12**

*b. End Date: **6/30/13**

18. Estimated Funding (\$):

*a. Federal	\$1,912,327.00	*d. Local	
*b. Applicant		*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$1,912,327.00

***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 12/9/2011
- 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)

**1 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: Anthony

Middle Name: W.

*Last Name: Araiza

Suffix:

*Title: General Manager

*Telephone Number: (909) 875-1804

Fax Number: (909) 875-7284

*Email: butch@wwwd.org

*Signature of Authorized Representative: *Anthony Araiza* Date Signed: 12-9-11

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
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*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

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:**

University of Washington

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

91-60001537

*** c. Organizational DUNS:**

605799469

d. Address:

*** Street1:**

4333 Brooklyn Ave. NE

Street2:

*** City:**

Seattle

County:

*** State:**

WA: Washington

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

98195-9472

e. Organizational Unit:

Department Name:

Office of Sponsored Programs

Division Name:

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

Prefix:

*** First Name:**

Lynne

Middle Name:

*** Last Name:**

Chronister

Suffix:

Title:

Director

Organizational Affiliation:

Office of Sponsored Programs

*** Telephone Number:**

206-543-4043

Fax Number:

206-685-1732

*** Email:**

osp@uw.edu

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:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="217,126.00"/>
* 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="217,126.00"/>

* 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:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Roberta S. Mondares
Roberta S. Mondares
Grant and Contract Administrator
Acting for Lynne Chronister

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:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="217,126.00"/>
* 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="217,126.00"/>

*** 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:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

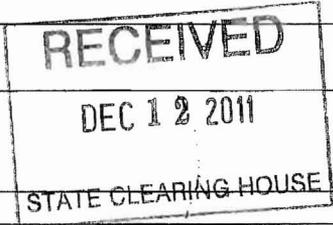
Application for Federal Assistance SF-424

Version 02

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

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

Sa. 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: Pratt & Whitney Rocketdyne, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-2401556 *c. Organizational DUNS: 196094283

d. Address:
*Street1: 6633 Canoga Avenue,
Street 2:
*City: Canoga Park,
County:
*State: CA
Province:
Country: USA *Zip/ Postal Code: 91309-7922

e. Organizational Unit:

Department Name: Future Programs Division Name: _____

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

Prefix: _____ First Name: Sreenivasan
Middle Name: _____

*Last Name: Ravishankar Suffix: _____

Title: Proposal Manager

Organizational Affiliation: _____

*Telephone Number: 818-586-5463 Fax Number: _____

*Email: Sreenivasan.Ravishankar@pwr.ute.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **Q. For-Profit Organization (Other than Small Business)**

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:

U.S. Department of Energy Energy Efficiency and Renewable Energy Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

CFDA Number: 81.086

CFDA Title:

Innovative Manufacturing Initiative

*12. Funding Opportunity Number: **DE-FOA-0000560, Control Number: 0560-3014**

*Title:

One Step Hydrogen Generation through Sorption Enhanced Reforming - Subtopic 1A, Reactions and Separations

13. Competition Identification Number: **Not Applicable**

Title:

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

Canoga Park, Los Angeles County, CA

*15. Descriptive Title of Applicant's Project:

One Step Hydrogen Generation through Sorption Enhanced Reforming - Subtopic 1A, Reactions and Separations

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA - 27

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: April 2012

*b. End Date: April 2012

18. Estimated Funding (\$):

*a. Federal	\$5,027,983.00
*b. Applicant	\$3,351,988.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$8,379,971.00

***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 6 December 2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review. PWR Ltr No 2011RC2635 2011
- c. Program is not covered by E.O. 12372 Proposal No RD11-279P

*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: Archie

Middle Name: J.

*Last Name: Burds

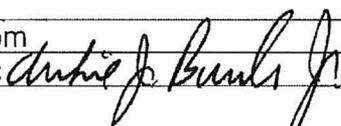
Suffix: Jr.

*Title: Director, Contracts

*Telephone Number: 818-586-0455

Fax Number:

*Email: archie.burds-jr@pwr.utc.com

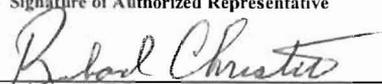
*Signature of Authorized Representative: 

Date Signed: 12/06/2011

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 12/8/11	Applicant Identifier
3. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Program Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N STATE CLEARING HOUSE	
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input checked="" type="checkbox"/>		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Urbanized Area Formula Program – Construction of El Monte Transit Center, CA-90-Y716-03	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 12/1/09	Ending Date 8/30/12	a. Applicant Districts 31, 32, 34,35 37	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 5,660,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>12/8/11</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c State	\$.00		
d Local	\$ 1,459,452.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 7,119,452.00		

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

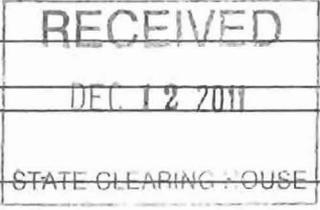
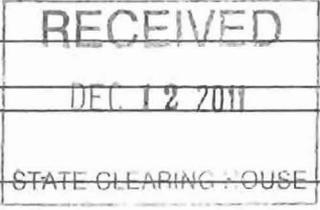
a Typed Name of Authorized Representative RICHARD CHRISTIE		b Title Transportation Planning Manager	c Telephone number (213) 922-6022
d. Signature of Authorized Representative 		e. Date Signed 12/8/11	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Pueblo Unido CDC		Organizational Unit: Department:
Organizational DUNS: 025633288		Division:
Address: Street: 78-115 Calle Estado, Suite 204		Name and telephone number of person to be contacted on matters involving this application (give area code)
City: La Quinta		Prefix:
County: Riverside		First Name: Sergio
State: California	Zip Code: 92253	Middle Name: I.
Country: Riverside		Last Name: Carranza
		Suffix:
		Email: scarranza@puccdc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit Organization Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA-Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities	<input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="6"/>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Antonio del Desierto Well Development
---	--	---

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

13. PROPOSED PROJECT Start Date: 1/9/2012 Ending Date: 3/12/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 45th b. Project
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 35,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 10,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 00 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 25,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 20,000 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 00 ⁰⁰	
g. TOTAL \$ 90,000 ⁰⁰	

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

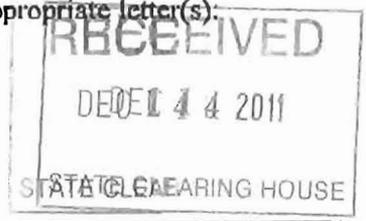
a. Authorized Representative

Prefix	First Name Sergio	Middle Name I.
Last Name Carranza		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (760) 777-7550
d. Signature of Authorized Representative		e. Date Signed 12/9/2011

Application for Federal Assistance SF-424

Version 02

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



*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: County of Butte

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000506	*c. Organizational DUNS: 76124395
---	--------------------------------------

d. Address:

*Street1: 25 County Center Drive, Suite 200	
Street 2:	
*City: Oroville	
County: Butte	
*State: CA	
Province:	
Country: USA	*Zip/ Postal Code: 95965

e. Organizational Unit:

Department Name: Butte County Clerk-Recorder	Division Name: Clerk-Recorder and Elections
---	--

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

Prefix:	First Name: Joanne
Middle Name:	
*Last Name: Wilson	
Suffix:	
Title: Financial Analyst	

Organizational Affiliation:

County of Butte

*Telephone Number: (530) 538-2524	Fax Number: (530) 538-3831
*Email: jbwilson@buttecounty.net	

Application for Federal Assistance SF-424

Version 02

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:

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loans and Grants

*12. Funding Opportunity Number:

Not Applicable

*Title:

Not Applicable

13. Competition Identification Number:

Not Applicable

Title:

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

Oroville, CA

*15. Descriptive Title of Applicant's Project:

Construction of a new Hall of Records building, which will serve as the central repository for historical County records and the public offices of the County Clerk-Recorder and Elections.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **CA-002 and CA-004** *b. Program/Project: **CA-004**

Attach an additional list of Program/Project Congressional Districts if needed.
Not Applicable

17. Proposed Project:

*a. Start Date: **7/1/2012** *b. End Date: **12/31/2013**

18. Estimated Funding (\$):

*a. Federal	\$8,000,000.00
*b. Applicant	\$1,500,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$9,500,000.00

*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 **12/14/11**
- 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: **Paul**

Middle Name:

*Last Name: **Hahn**

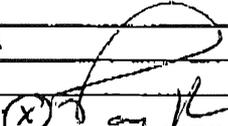
Suffix:

*Title: **Chief Administrative Officer**

*Telephone Number: **(530) 538-7224**

Fax Number:

*Email: **phahn@buttecounty.net**

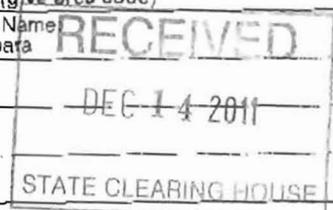
*Signature of Authorized Representative 

Date Signed: **12-12-11**

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12-14-2010	Applicant Identifier FTA Recipient ID# 1658
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA_37-X161

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Sacramento Area Council of Governments		Department:	
Organizational DUNS: 555895705		Division:	
Address: Street: 1415 L Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix:	First Name Barbara
County: Sacramento		Middle Name Jane Evans	
State: California		Last Name VaughanBechtold	
Zip Code 95614	Suffix:		
Country: USA	Email: bvaughanbechtold@sacog.org		



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0153162	Phone Number (give area code) 916-321-9000	Fax Number (give area code) 916-321-9551
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-516	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FFY 2010 JARC Sac Urbanized Area projects
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of CA, El Dorado, Placer, Sacramento, Sutter, Yolo and Yuba counties	9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA)
---	--

13. PROPOSED PROJECT Start Date: 7-1-2011 Ending Date: 6-30-2014	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1, 2, 3, 4, & 5 b. Project
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 942,769.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12-14-2011
b. Applicant \$ 0 (Total credits 400,000)	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local Subrecipients \$ 495,955.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 1,438,724.00	

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

a. Authorized Representative		
Prefix	First Name David	Middle Name
Last Name Ghiorso		Suffix
b. Title Director of Finance		c. Telephone Number (give area code) 916-321-9000
d. Signature of Authorized Representative <i>David Ghiorso</i>		e. Date Signed 12/17/2010

Application for Federal Assistance SF-424

Version 02

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

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

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	DEC 14 2011 STATE CLEARING HOUSE
---	--	-------------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: President and Board of Trustees of Santa Clara College	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156617	* c. Organizational DUNS: 054800214

d. Address:

* Street1: 500 El Camino Real
Street2: _____
* City: Santa Clara
County: Santa Clara
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95053-0261

e. Organizational Unit:

Department Name: Biology	Division Name: _____
--------------------------	----------------------

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

Prefix: Prof.	* First Name: Justen
Middle Name: _____	
* Last Name: Whittall	
Suffix: Ph.D	
Title: Assistant Professor of Biology	
Organizational Affiliation: _____	
* Telephone Number: 408-554-4808	Fax Number: 408-554-2710
* Email: jwhittall@scu.edu	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

O: Private 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:**

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R12AF20001

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

Tulare Hill in San Jose, Santa Clara County, California

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

Reintroduction of the Metcalf Canyon Jewelflower (*Streptanthus albidus* ssp. *albidus*) at Tulare Hill in southern Santa Clara County

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="272,968.00"/>
* b. Applicant	<input type="text" value="273,154.00"/>
* 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="546,122.00"/>

* 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:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<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:	RECEIVED
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	DEC 15 2011
State Use Only:		STATE CLEARING HOUSE
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Alternative Consumption Technologies, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-2089045	*c. Organizational DUNS: 828294574	
d. Address:		
*Street1: 532 South Lake Avenue Street 2:		
*City: Pasadena County:		
*State: CA Province:		
Country: *Zip/ Postal Code: 91101		
e. Organizational Unit:		
Department Name: Go Green Solutions	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	First Name: William	
Middle Name:		
*Last Name: Meurer		
Suffix:		
Title: CEO / President		
Organizational Affiliation:		
*Telephone Number: 626-578-0678		
Fax Number: 626-792-8198		
*Email: william@gogreensolutions.com		

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.086

CFDA Title:

Conservation Research and Development*12. Funding Opportunity Number: **DE-FOA-0000561**

*Title:

**Solid-State Lighting Manufacturing
Research and Development – Round 3**

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

LED Subway Project - Los Angeles, CA**Attach supporting documents as specified in agency instructions.**

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:*a. Applicant
CA-029*b. Program/Project:
CA-034, CA-029, CA-014, CA-047

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

17. Proposed Project:

*a. Start Date: 04/01/12

*b. End Date: 03/31/13

18. Estimated Funding (\$):

*a. Federal	\$590,680.00
*b. Applicant	\$113,465.00
*c. State	
*d. Local	\$35,615.00
*e. Other	
*f. Program Income	
*g. TOTAL	\$739,760.00

***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 12/15/11
- 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: William

Middle Name:

*Last Name: Meurer

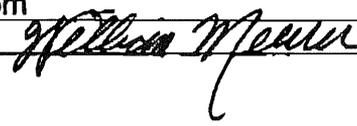
Suffix:

*Title: CEO / President

*Telephone Number: 626-578-0678

Fax Number: 626-792-8198

*Email: william@gogreensolutions.com

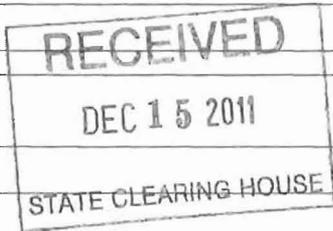
*Signature of Authorized Representative:  Date Signed: 12/15/11

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 12, 2011	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: City of Rio Dell		Department: City Government	
Organizational DUNS: 626731868		Division:	
Address: Street: 675 Wildwood Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Rio Dell		Prefix: Mr.	First Name: Ron
County: Humboldt		Middle Name David	
State: CA		Last Name Henrickson	
Zip Code 95562	Suffix:		
Country: USA		Email: CM@RIODELLCITY.COM	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1603860	Phone Number (give area code) 707-764-3532	Fax Number (give area code) 707-764-5480
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Street Improvement Project
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Rio Dell	9. NAME OF FEDERAL AGENCY: Department of Agriculture

13. PROPOSED PROJECT Start Date: July 1, 2012 Ending Date: October 1, 2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 1 b. Project District 1
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 2,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 825,000.00	DATE:
c. State \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 2,825,000.00	

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

a. Authorized Representative		
Prefix Mr.	First Name Ron	Middle Name David
Last Name Henrickson		Suffix
b. Title City Manager		c. Telephone Number (give area code) 707-764-3532
d. Signature of Authorized Representative 		e. Date Signed 12/12/2011