

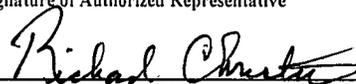
Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1 - 15, 2013**. 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		2. DATE SUBMITTED 11/25/13	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction Non-Construction		3. DATE RECEIVED BY STATE	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	
Legal Name Los Angeles County Metropolitan Transportation Authority		Federal Identifier	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Organizational Unit: Regional Program Management	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95 - 44 0 19 75		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		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) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20500		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 5309 New Starts Program – Metro Purple Line Ext. – Section 1, CA-03-0824	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 08/09/10	Ending Date 10/31/2026	a. Applicant Districts 33, 34, 37	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>11/25/2013</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 2,821,957,153.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$.00		
g TOTAL	\$ 2,821,957,153.00		

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 11/25/13 11-25-2013	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 11/25/13	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction Non-Construction		3. DATE RECEIVED BY STATE	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	
Legal Name Los Angeles County Metropolitan Transportation Authority		Federal Identifier	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Organizational Unit: Regional Program Management	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		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) _____	
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 – Metro Purple Line Ext. – Section 1, CA-95-X264	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 08/09/10	Ending Date 10/31/2026	a. Applicant Districts 33, 34, 37	b. Project Same as Applicant

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DEC 02 2013

STATE CLEARING HOUSE

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>11/25/2013</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 2,821,957,153.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$.00		
g TOTAL	\$ 2,821,957,153.00		

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 <i>Richard Christie</i>	e. Date Signed 11/25/13	11-25-2013

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

CA Department of Food and Agriculture

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

14-8506-1164-CA

RECEIVED

DEC 02 2013

State Use Only:

6. Date Received by State: 12/2/13

7. State Application Identifier: 13-0326-FR

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

68-0325104

* c. Organizational DUNS:

807487665

d. Address:

* Street1: 3294 Meadowview Road

Street2:

* City: Sacramento

County: Sacramento

* State: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95832

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health and Pest Prevention Services

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

Prefix: * First Name: Duane

Middle Name: L

* Last Name: Schnabel

Suffix:

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: 916-262-1102

Fax Number: 916-262-2020

* Email: duane.schnabel@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Light Brown Apple Moth Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA; 3rd

* 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 \$1,355,602

* b. Applicant

* c. State \$0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$1,355,602

*** 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.) Applicant Federal Debt Delinquency Explanation**

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

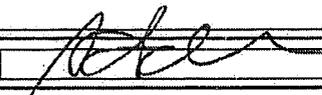
Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 1.a. Type of Submission:

- Application
- Plan
- Funding Request
- Other

* Other (specify)

[Empty text box for other submission type]

* 1.b. Frequency:

- Annual
- Quarterly
- Other

* Other (specify)

[Empty text box for other frequency]

* 1.d. Version:

- Initial
- Resubmission
- Revision
- Update

* 2. Date Received:

Completed by Grants.gov upon submission.

3. Applicant Identifier:

[Empty text box for applicant identifier]

4a. Federal Entity Identifier:

[Empty text box for federal entity identifier]

4b. Federal Award Identifier:

[Empty text box for federal award identifier]

STATE USE ONLY:

5. Date Received by State:

[Empty text box for date received by state]

6. State Application Identifier:

[Empty text box for state application identifier]

1.c. Consolidated Application/Plan/Funding Request?

Yes No

7. APPLICANT INFORMATION:

* a. Legal Name:

Outreach & Escort Inc.

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

942590055

* c. Organizational DUNS:

868458360

d. Address:

* Street1:

926 Rock Ave, Ste 100

Street2:

[Empty text box for street 2]

* City:

San Jose

County:

Santa Clara

* State:

CA: California

Province:

[Empty text box for province]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95131

e. Organizational Unit:

Department Name:

[Empty text box for department name]

Division Name:

[Empty text box for division name]

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

Prefix:

[Empty text box for prefix]

* First Name:

Kathryn

Middle Name:

[Empty text box for middle name]

* Last Name:

Heatley

Suffix:

[Empty text box for suffix]

Title: President/CEO

Organizational Affiliation:

Outreach & Escort Inc.

* Telephone Number:

408-436-2865

Fax Number:

408-382-0470

* Email:

katieh@outreach2.org

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DEC 03 2013

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No



17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

** I Agree

** This 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:

Kathryn

Middle Name:

* Last Name:

Heatley

Suffix:

* Title:

President/CEO

Organizational Affiliation:

Outreach & Escort Inc.

* Telephone Number:

408-436-2865

* Fax Number:

408-382-0470

* Email:

katieh@outreach2.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.



APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify): <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify): <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: <input type="text" value="12/02/2013"/>		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>					

RECEIVED

7. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="San Francisco Municipal Transportation Agency (SFMTA)"/>		DEC 03 2013	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1160893"/>		* c. Organizational ID: <input type="text" value="956617435"/>	
d. Address:			
* Street1: <input type="text" value="1 South Van Ness Avenue, 8th Floor"/>		Street2: <input type="text"/>	
* City: <input type="text" value="San Francisco"/>		County: <input type="text"/>	
* State: <input type="text" value="CA: California"/>		Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code: <input type="text" value="94103"/>	
e. Organizational Unit:			
Department Name: <input type="text"/>		Division Name: <input type="text" value="Finance & Info Technology"/>	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Joel"/>	Middle Name: <input type="text" value="C."/>	
* Last Name: <input type="text" value="Goldberg"/>		Suffix: <input type="text"/>	
Title: <input type="text" value="Manager, Capital Procurement & Management"/>			
Organizational Affiliation: <input type="text"/>			
* Telephone Number: <input type="text" value="4157014499"/>		Fax Number: <input type="text" value="4157014734"/>	
* Email: <input type="text" value="joel.goldberg@sfmta.com"/>			

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

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

** I Agree

** This 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:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

B: County Government

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:

City and County of San Francisco, California

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

8, 12

b. Program/Project:

8, 12

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

07/01/2014

b. End Date:

07/03/2017

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

1,813,878.00

b. Match (\$):

119,808.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

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

12/02/2013

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: 12/02/2013 3. Applicant Identifier: <input type="text"/> 4a. Federal Entity Identifier: <input type="text"/> 4b. Federal Award Identifier: <input type="text"/>	STATE USE ONLY: 5. Date Received by State: <input type="text"/> 6. State Application Identifier: <input type="text"/>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation: <input type="text"/>		RECEIVED	

7. APPLICANT INFORMATION:

* a. Legal Name: San Francisco Municipal Transportation Agency (SFMTA)		DEC 03 2013	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1160893		* c. Organizational DUNS: 956617435	
d. Address:			
* Street1: 1 South Van Ness Avenue, 8th Floor		Street2: <input type="text"/>	
* City: San Francisco		County: <input type="text"/>	
* State: CA: California		Province: <input type="text"/>	
* Country: USA: UNITED STATES		* Zip / Postal Code: 94103	
e. Organizational Unit:			
Department Name: <input type="text"/>		Division Name: Finance & Info Technology	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: Mr.	* First Name: Joel	Middle Name: <input type="text"/>	
* Last Name: Goldberg		Suffix: <input type="text"/>	
Title: Manager, Capital Procurement & Management			
Organizational Affiliation: <input type="text"/>			
* Telephone Number: 4157014499		Fax Number: 4157014734	
* Email: joel.goldberg@sfmta.com			

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

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

** I Agree

** This 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:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

B: County Government

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:

City and County of San Francisco, California

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

8, 12

b. Program/Project:

8, 12

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

07/02/2014

b. End Date:

07/03/2017

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

880,000.00

b. Match (\$):

61,600.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

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

12/02/2013

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

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

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: CA Department of Food and Agriculture	RECEIVED
-------------------------------------	--	-----------------

5a. Federal Entity Identifier: 14-8506-0484-CA	* 5b. Federal Award Identifier: DEC 05 2013
--	---

State Use Only: STATE CLEARING HOUSE

6. Date Received by State: _____	7. State Application Identifier: 13-0258-FR
---	--

8. APPLICANT INFORMATION:

*** a. Legal Name:** State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665
--	---

d. Address:

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

e. Organizational Unit:

Department Name: Food and Agriculture	Division Name: Pierce's Disease Control Program
---	---

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

Prefix: _____ *** First Name:** Roger
Middle Name: _____
*** Last Name:** Spencer
Suffix: _____
Title: Branch Chief

Organizational Affiliation: _____

*** Telephone Number:** (916) 900-5024 **Fax Number:** (916) 900-5350

*** Email:** roger.spencer@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Pierce's Disease Control Program/Glassy-winged Sharpshooter

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant California

* b. Program/Project **GWSS**

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

17. Proposed Project:

* a. Start Date: **10/1/13**

* b. End Date: **9/30/14.**

18. Estimated Funding (\$):

* a. Federal 15,074,754

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 15,074,754

*** 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.) Applicant Federal Debt Delinquency Explanation**

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: **Crystal**

Middle Name:

* Last Name: **Myers**

Suffix:

* Title: **Federal Funds Manager**

* Telephone Number: **(916) 403-6533**

Fax Number:

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

* Signature of Authorized Representative: 

* Date Signed: **12/5/13**

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: Dept. of Food and Agriculture	
5a. Federal Entity Identifier: 14-8506-1636-CA	* 5b. Federal Award Identifier: STATE CLEARING HOUSE	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665	
d. Address:		
* Street1: 1220 N Street, Room 315	Street2: _____	
* City: Sacramento	County: _____	
* State: California	Province: _____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: 95814	_____	
e. Organizational Unit:		
Department Name: California Department of Food and Agriculture	Division Name: Plant Health & Pest Prevention Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Jason	
Middle Name: K	_____	
* Last Name: Chan	_____	
Suffix: _____	_____	
Title: _____		
Organizational Affiliation: California Department of Food and Agriculture		
* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555	
* Email: jason.chan@cdfa.ca.gov		

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DEC 06 2013

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Olive Fly Integrated Control

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 163,727

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 163,727

*** 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 December 6, 2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

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5a. Federal Entity Identifier:

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

DEC 06 2013

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:**

1220 N Street, Room 315

Street2:

*** City:**

Sacramento

County:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

*** First Name:**

Jason

Middle Name:

K

*** Last Name:**

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

*** Telephone Number:**

(916) 654-1211

Fax Number:

(916) 654-0555

*** Email:**

jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Cereal Leaf Beetle Biocontrol

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 27,013

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 27,013

*** 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 December 6, 2013.

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

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

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

RECEIVED

State Use Only: _____

DEC 06 2013

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

8. APPLICANT INFORMATION: STATE CLEARING HOUSE

* a. Legal Name: Solvang Lutheran Home, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1765173	* c. Organizational DUNS: 03-037-5851
---	--

d. Address:

* Street 1: 636 Atterdag Road

Street 2: _____

* City: Solvang

County: _____

* State: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 93463

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: Chris

Middle Name: _____

* Last Name: Parker

Suffix: _____

Title: Executive Director

Organizational Affiliation:
Solvang Lutheran Home, Inc.

* Telephone Number: (805) 688-3263 Fax Number: (805) 688-8574

* Email: chris@peoplewhocare.com

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:

NGMS Agency USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loan Program

* 12. Funding Opportunity Number:

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

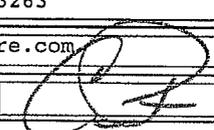
City of Solvang, California

* 15. Descriptive Title of Applicant's Project:

Assisted Living Facility

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	<input type="text" value="24th"/>	* b. Program/Project <input type="text" value="24th"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<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="07/01/14"/>	* b. End Date: <input type="text" value="07/01/15"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="10,000,000"/>	
* b. Applicant	<input type="text" value="1,000,000"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="11,000,000"/>	
* 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"/>	
<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="Chris"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Parker"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Executive Director"/>	
* Telephone Number:	<input type="text" value="(805) 688-3263"/>	Fax Number: <input type="text" value="(805) 688-8574"/>
* Email:	<input type="text" value="chris@peoplewhocare.com"/>	
* Signature of Authorized Representative:		* Date Signed: <input type="text" value="12/3/13"/>

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: Completed by Grants.gov upon submission.	STATE USE ONLY: 5. Date Received by State: <input type="text"/> 6. State Application Identifier: <input type="text"/>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation <input type="text"/>		3. Applicant Identifier: <input type="text"/>	4b. Federal Award Identifier: <input type="text"/>
4a. Federal Entity Identifier: <input type="text"/>		4b. Federal Award Identifier: <input type="text"/>	

7. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles County Metropolitan Transportation Authority		RECEIVED DEC 10 2013	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4401975	* c. Organizational DUNS: 044055523	STATE CLEARING HOUSE	
d. Address:			
* Street1: One Gateway Plaza		Street2: <input type="text"/>	
* City: Los Angeles		County: <input type="text"/>	
* State: CA: California		Province: <input type="text"/>	
* Country: USA: UNITED STATES		* Zip / Postal Code: 90012	

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 submission:		
Prefix: <input type="text"/>	* First Name: Ashad	Middle Name: <input type="text"/>
* Last Name: Hamideh		Suffix: <input type="text"/>
Title: <input type="text"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 213-922-4299	Fax Number: <input type="text"/>	
* Email: hamideha@metro.net		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency/Transit Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-034

b. Program/Project:

CA-034

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

03/31/2014

b. End Date:

07/20/2015

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

1,722,400.00

b. Match (\$):

430,600.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

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

12/02/2013

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

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

** I Agree

** This 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:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	* 2. Date Received: Completed by Grants.gov upon submission.	STATE USE ONLY:
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>		3. Applicant Identifier: <input type="text"/>	5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>	6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>		

7. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles County Metropolitan Transportation Authority		* c. Organizational DUNS: 044055523	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4401975		STATE CLEARING HOUSE	
d. Address:			
* Street1: One Gateway Plaza		Street2: <input type="text"/>	
* City: Los Angeles		County: <input type="text"/>	
* State: CA: California		Province: <input type="text"/>	
* Country: USA: UNITED STATES		* Zip / Postal Code: 90012	
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 submission:			
Prefix: <input type="text"/>	* First Name: Ashad	Middle Name: <input type="text"/>	
* Last Name: Hamideh		Suffix: <input type="text"/>	
Title: <input type="text"/>			
Organizational Affiliation: <input type="text"/>			
* Telephone Number: 213-922-4299		Fax Number: <input type="text"/>	
* Email: hamideha@metro.net			

RECEIVED

DEC 10 2013

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency/Transit Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-028

b. Program/Project:

CA-028

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

05/05/2014

b. End Date:

04/11/2016

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

3,802,050.00

b. Match (\$):

1,100,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 12/02/2013

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes No

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

** I Agree

** This 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:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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

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

RECEIVED
DEC 10 2013

5a. Federal Entity Identifier: 14-8506-0651-CA	* 5b. Federal Award Identifier: STATE CLEARING HOUSE
--	--

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665

d. Address:

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

e. Organizational Unit:

Department Name: California Department of Food and Agriculture	Division Name: Plant Health & Pest Prevention Services
--	--

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

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

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555
* Email: jason.chan@cdfa.ca.gov	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Infrastructure Project and State Survey Coordinator

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 40,107

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 40,107

*** 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 December 10, 2013.

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Crystal

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

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

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier: DEC 11 2013

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Tuolumne County Fire Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000547

* c. Organizational DUNS: 034159470

d. Address:

* Street 1: 18464 Striker Court

* Street 2:

* City: Sonora

* County/Parish: Tuolumne

* State: California

* Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95370

e. Organizational Unit:

Department Name: County of Tuolumne

Division Name: Tuolumne County Fire Department

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

Prefix:

* First Name: Scott

Middle Name: James

* Last Name: Fremd

Suffix:

Title: Battalion Chief

Organizational Affiliation: Training Safety

* Telephone Number: (209) 419-4410

Fax Number: (209) 533-5103

* Email: scott.fremd@fire.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

County Fire Department - Tuolumne County

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

[Empty text area for funding opportunity title]

13. Competition Identification Number:

Title:

[Empty text area for competition identification title]

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

Jamestown CA, Tuolumne County

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Purchase of a type one engine and utility for Fire Protection use in the community of Jamestown. The present Type 1 engine is mechanically unsound and does not provide reliable service for the area.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$450,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$450,000.00"/>

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

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

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

- Yes
- No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or omissions may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)

I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

RECEIVED

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

DEC 11 2013

5a. Federal Entity Identifier:

14-8506-1211-CA

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

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: November 14, 2013

7. State Application Identifier: 13-0263-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

* c. Organizational DUNS:
807487665

d. Address:

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

e. Organizational Unit:

Department Name:
California Department of Food and Agriculture

Division Name:
Plant Health & Pest Prevention Services

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

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

Title:

Organizational Affiliation:
California Department of Food and Agriculture

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

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Asian Citrus Psyllid

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 10/1/2013

* b. End Date: 9/30/2014

18. Estimated Funding (\$):

* a. Federal 2,821,527

* b. Applicant

* c. State 444,526

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 3,266,053

*** 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 December 10, 2013.

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

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

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

Yes No

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

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

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed: