

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1 - 15, 2014**. 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: _____
--	--

RECEIVED
DEC 01 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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State Use Only:	6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

a. Legal Name: Round Valley Indian Health Center, Inc.		
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2151392	* c. Organizational DUNS: 020026357	

d. Address:

* Street 1:	Corner of Hwy. 162 & Biggar Lane
Street 2:	PO Box 247
* City:	Covelo
County/Parish:	Mendocino
* State:	CA
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95428-0247

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: James
Middle Name: _____	
* Last Name: Russ	
Suffix: _____	
Title: Executive Director	
Organizational Affiliation: _____	
* Telephone Number: (707) 983-6404	Fax Number: (707) 983-6802
* Email: james.russ@rvihc.com	

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

K. Indian/Native American Tribally Designated Organization

Type of Applicant 2- Select Applicant Type:

M. Nonprofit

Type of Applicant 3- Select Applicant Type:

* 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:**

* Title:

13. Competition Identification Number:

Title:

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

see attached

Add Attachments

Delete Attachments

View Attachments

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

Purchase furnishings, kitchen cabinetry and equipment for the Wellness Center, a new facility of the Round Valley Indian Health Center

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

AREAS AFFECTED BY PROJECT

The Round Valley Indian Reservation
Unincorporated town of Covelo
Round Valley area
Mendocino County
California

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="\$12,325,000"/>
* b. Applicant	<input type="text" value="\$4,110,000"/>
* 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="\$16,435,000"/>

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

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

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

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:

James Russ

11/26/14

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): _____	RECEIVED DEC 01 2014
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* 3. Date Received: _____	4. Applicant Identifier: Dept. of Food and Agriculture	STATE CLEARING HOUSE
-------------------------------------	--	-----------------------------

5a. Federal Entity Identifier: 15-8506-1636-CA	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: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 8074876650000
--	---

d. Address:

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

e. Organizational Unit:

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

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

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

Organizational Affiliation: California Department of Food and Agriculture

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

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

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

NA

* Title:

NA

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Integrated Control of the Olive Fly in California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="103,470.00"/>
* 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="103,470.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

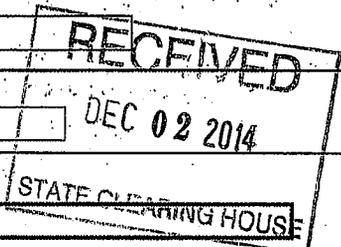
* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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* 3. Date Received: 11/12/2014	4. Applicant Identifier: CA Dept of Food & Agriculture
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5a. Federal Entity Identifier: 15-8506-0484-CA	5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: 14-0433-PR
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8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 8074876650000
---	--

d. Address:

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

e. Organizational Unit:

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

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:**

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.):

Add Attachment

Delete Attachment

View Attachment

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

Pierce's Disease Control Program/Glassy-winged Sharpshooter

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,974,249.00"/>
* 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="2,974,249.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

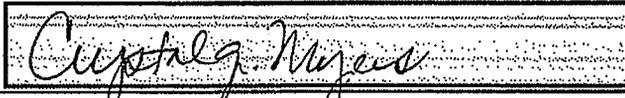
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 12/01/2014	4. Applicant Identifier: CA Dept. of Food & Agriculture	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 15-8506-1164-CA	RECEIVED DEC 03 2014 STATE CLEARING HOUSE
State Use Only:		
6. Date Received by State: 12/01/2014	7. State Application Identifier: 14-0435-FR	
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 8074876650000	
d. Address:		
* Street1: 3294 Meadowview Road	Street2: _____	
* City: Sacramento	County/Parish: _____	
* State: CA; California	Province: _____	
* Country: USA; UNITED STATES	* Zip / Postal Code: 95832-1437	
e. Organizational Unit:		
Department Name: Food and Agriculture	Division Name: Plant Health & Pest Prevention	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Patrick	
Middle Name: _____	* Last Name: Akers	
Suffix: _____	Title: Branch Chief	
Organizational Affiliation: _____		
* Telephone Number: 916-262-1102	Fax Number: 916-262-2020	
* Email: patrick.akers@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 & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Light Brown Apple Moth Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="990,830.00"/>
* 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="990,830.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

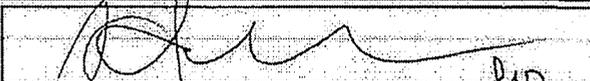
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

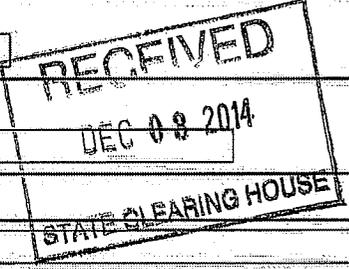
* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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* 3. Date Received: 12/02/2014	4. Applicant Identifier: CA Dept of Food & Agriculture
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5a. Federal Entity Identifier: USDA-APHIS-PPQ	5b. Federal Award Identifier: 15-8506-1005-CA
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State Use Only:	6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 8074876650000
---	--

d. Address:	
* Street1:	3294 Meadowview Road
Street2:	_____
* City:	Sacramento
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95832-1437

e. Organizational Unit:

Department Name: Food & Agriculture	Division Name: Plant Health & Pest Prev Svcs
--	---

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

Prefix: Dr.	* First Name: Patrick
Middle Name: _____	
* Last Name: Akers	
Suffix: _____	

Title: Branch Chief

Organizational Affiliation: _____

* Telephone Number: 916-262-1102	Fax Number: 916-262-2020
----------------------------------	--------------------------

* Email: patrick.akers@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 & Animal Disease, Pest Control & Animal Care

*** 12. Funding Opportunity Number:**

n/a

*** Title:**

n/a

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Pink Bollworm

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="52,800.00"/>
* 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="52,800.00"/>

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- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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Yes No

If "Yes", provide explanation and attach

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** I AGREE

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Authorized Representative:

Prefix: * First Name:

Middle Name:

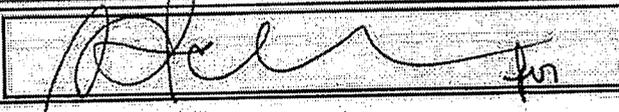
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

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

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

N/A

RECEIVED
DEC 05 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01776

State Use Only:

6. Date Received by State: 04/01/2014

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

*** a. Legal Name:** California - Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

172070807000

d. Address:

* Street1: P.O. Box 942896
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: California Department of Parks
Division Name: Office of Grants & Local Svcs

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

Prefix: Mrs. * First Name: Cristelle
Middle Name: _____
* Last Name: Erickson
Suffix: _____
Title: Associate Park & Recreation Specialist
Organizational Affiliation: California Department of Parks and Recreation
* Telephone Number: 916-654-8686 Fax Number: _____
* Email: Cristelle.Erickson@parks.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:**

US Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15-916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

PI4AS00001

* Title:

Land and Water Conservation Fund State and Local Assistance Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.): ^{ID} 2570606

GNIS Detail - Leo Carrillo State Park.htm

Add Attachment

Delete Attachment

View Attachment

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

Arroyo Sequit Steelhead Barrier Removal Project
Leo Carrillo State Park
35000 Pacific Coast Highway
Malibu, CA 90265

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="430,108.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="30,108.00"/>
* d. Local	<input type="text" value="400,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="860,216.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

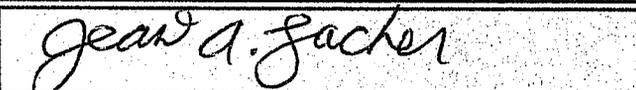
Authorized Representative:

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

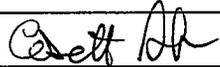
* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 12/4/14	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Crenshaw/LAX Transit Corridor	
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) Kathy Banh (213) 922-7635	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		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): <input checked="" type="checkbox"/> Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Urbanized Area Formula Program – Crenshaw/LAX Transit Corridor, CA-95-X256-01	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 08 2014 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT			
Start Date 01/01/12	Ending Date 04/30/21	a. Applicant Districts 33, 37,43	b. Project Same as Applicant
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 24,000,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>12/4/14</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	\$ 3,109,454.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g TOTAL	\$ 27,109,454.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative COSETTE STARK		b Title DEO, Regional Grants Management	c Telephone number (213) 922-2822
d. Signature of Authorized Representative 		e. Date Signed 12/4/14 12-4-2014	

Previous Editions Not Usable

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 11/14/2014	4. Applicant Identifier: _____	RECEIVED DEC 08 2014 STATE CLEARING HOUSE
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: CESU Agreement#F13AC00007	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: The Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946036494	* c. Organizational DUNS: 0471200840000	
d. Address:		
* Street1: 1850 Research Park Drive	_____	
Street2: Suite 300	_____	
* City: Davis	_____	
County/Parish: Yolo	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95618-6513	_____	
e. Organizational Unit:		
Department Name: Office of Research	Division Name: Sponsored Programs	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Tien-Chieh	_____
Middle Name:	_____	
* Last Name: Hung	_____	
Suffix:	_____	
Title: Staff Research Associate		
Organizational Affiliation: _____		
* Telephone Number: 530-574-3421	Fax Number: _____	
* Email: thung@ucdavis.edu		

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USFWS

11. Catalog of Federal Domestic Assistance Number:

15.608

CFDA Title:

Fish and Wildlife Management Assistance

*** 12. Funding Opportunity Number:**

CESU Agreement # F13AC00007

* Title:

Evaluation of Natural Marks for Cultured Delta Smelt

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Evaluation of Natural Marks for Cultured Delta Smelt

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	119,238.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	119,238.00

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

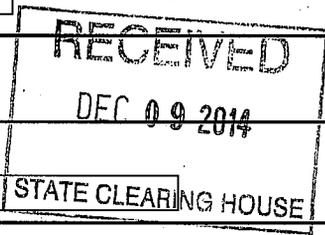
* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: 12/09/2014	4. Applicant Identifier: Dept. of Food and Agriculture
--	--



5a. Federal Entity Identifier: 15-8506-0934-GR	5b. Federal Award Identifier: _____
--	---

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: 14-0511-FR
---	--

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 8074876650000

d. Address:

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

e. Organizational Unit:

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

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

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

Organizational Affiliation:
California Department of Food and Agriculture

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

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

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:
[]

Type of Applicant 3: Select Applicant Type:
[]

* Other (specify):
[]

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:
Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

NA

* Title:
NA

13. Competition Identification Number:

[]

Title:
[]

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

[]

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

Exotic Fruit Fly Survey

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant:

* b. Program/Project:

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="394,600.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="394,600.00"/>
* 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="789,200.00"/>

*** 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

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify)

[Empty box]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

6a. Federal Entity Identifier:

[Empty box]

* 6b. Federal Award Identifier:

[Empty box]

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

8. APPLICANT INFORMATION:

* a. Legal Name:

Hi-Desert Water District

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

95-2303211

* c. Organizational DUNS:

081149304

d. Address:

* Street1:

55439 29 Palms Highway

Street2:

[Empty box]

* City:

Yucca Valley

County:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92284

e. Organizational Unit:

Department Name:

[Empty box]

Division Name:

[Empty box]

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

Prefix:

Mrs.

* First Name:

Rochelle

Middle Name:

[Empty box]

* Last Name:

Clayton

Suffix:

[Empty box]

Title:

Chief Financial Officer

Organizational Affiliation:

Hi-Desert Water District

* Telephone Number:

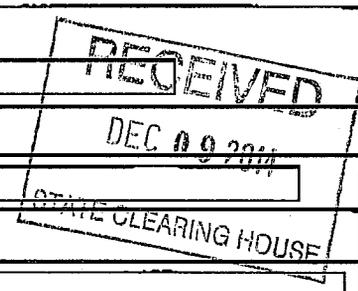
760.228.6282

Fax Number:

760.365.0599

* Email:

rochellec@hdwd.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:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Public Utility

* 10. Name of Federal Agency:

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Title XVI Water Reclamation and Reuse Program

* 12. Funding Opportunity Number:

R15AS00009

* Title:

WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2015

13. Competition Identification Number:

Title:

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

Sacramento-San Joaquin Bay Delta hydrologic region, Town of Yucca Valley, Joshua Tree, San Bernardino County, Warren Groundwater Basin.

* 15. Descriptive Title of Applicant's Project:

Hi-Desert Water District's Wastewater Treatment and Water Reclamation Project

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-041"/>	* b. Program/Project <input type="text" value="CA-041"/>
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="04/01/2012"/>	* b. End Date: <input type="text" value="12/31/2018"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="18,000,000.00"/>	
* b. Applicant	<input type="text" value="96,945,206.00"/>	
* c. State	<input type="text" value="4,500,000.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="119,445,206.00"/>	
* 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="12/09/2014"/>		
<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="Mrs."/>	* First Name: <input type="text" value="Rochelle"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Clayton"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Chief Financial Officer"/>	
* Telephone Number:	<input type="text" value="760.228.6282"/>	Fax Number: <input type="text" value="760.365.0599"/>
* Email:	<input type="text" value="rochellec@hdwd.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 SF-424

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		_____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		• Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		_____	
* 3. Date Received:		4. Applicant Identifier:			
Completed by Grants.gov upon submission.		_____			
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: City of Firebaugh					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
94-6000333			169202629		
d. Address:					
* Street 1: 1133 P St					
Street 2: _____					
* City: Firebaugh					
County/Parish: _____					
* State: CA					
Province: _____					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 93622					
e. Organizational Unit:					
Department Name:			Division Name:		
Police Department			_____		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		* First Name: Elsa			
_____		_____			
Middle Name: _____					
* Last Name: Lopez					
Suffix: _____					
Title: Chief of Police					
Organizational Affiliation:					

* Telephone Number:		Fax Number:			
(559) 659-3051		_____			
* Email: _____					

RECEIVED
DEC 10 2014
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Municipal

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Grant

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

City of Firebaugh, Fresno, CA

Add Attachments

Delete Attachments

View Attachments

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

Taser and repeater.

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="\$17,404.00"/>
* b. Applicant	<input type="text" value="\$14,241.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$31,645.00"/>

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

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

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

Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Kenneth McDonald

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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:

4. Applicant Identifier:

Placer County Water Agency

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:

Placer County Water Agency

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

94-1552786

* c. Organizational DUNS:

0980879430000

d. Address:

* Street1:

144 Ferguson Road

Street2:

* City:

Auburn

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95603-3231

e. Organizational Unit:

Department Name:

Technical Services

Division Name:

Engineering

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

Prefix:

Mr.

* First Name:

R. Brent

Middle Name:

* Last Name:

Smith

Suffix:

Title:

Director of Technical Services

Organizational Affiliation:

* Telephone Number:

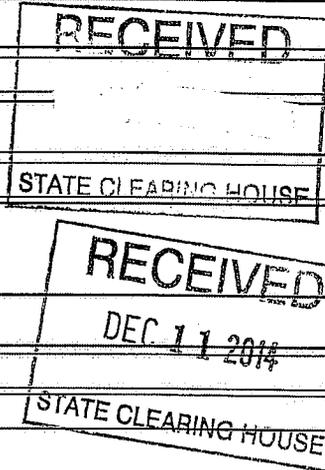
530-823-4886

Fax Number:

830-823-4884

* Email:

bsmith@pcwa.net



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:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*10. Name of Federal Agency:

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Title XVI Water Reclamation and Reuse Program

* 12. Funding Opportunity Number:

R15AS00009

* Title:

WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2015

13. Competition Identification Number:

Title:

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

Lincoln, CA
Rocklin, CA

* 15. Descriptive Title of Applicant's Project:

Athens Road Pipeline: Reclaim Water from City of Lincoln Waste Water Treatment and Reclamation Facility to Rio Bravo Rocklin Biomass Plant

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="733,929.92"/>
* b. Applicant	<input type="text" value="2,201,789.75"/>
* 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="2,935,719.67"/>

* 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:

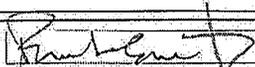
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

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): <input type="text"/> * Other (Specify) <input type="text"/></p>
--	--	--

<p>* 3. Date Received: <input type="text" value="Completed by Grants.gov upon submission."/></p>	<p>4. Applicant Identifier: <input type="text"/></p>
---	---

<p>5a. Federal Entity Identifier: <input type="text"/></p>	<p>* 5b. Federal Award Identifier: <input type="text" value="R14AC00050"/></p>
---	---

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-2759399"/></p>	<p>* c. Organizational DUNS: <input type="text" value="084248467"/></p>	<p>RECEIVED DEC 12 2014</p>
---	--	--

d. Address:

* Street1:	<input type="text" value="505 Garrett Avenue"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Chula Vista"/>
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="91910"/>

e. Organizational Unit:

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

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

Prefix:	<input type="text"/>	* First Name:	<input type="text" value="James"/>
Middle Name:	<input type="text" value="L."/>		
* Last Name:	<input type="text" value="Smyth"/>		
Suffix:	<input type="text"/>		

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="1-619-409-6701"/>	Fax Number: <input type="text"/>
---	----------------------------------

* Email:

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: <input type="text" value="D: Special District Government"/> Type of Applicant 2: Select Applicant Type: <input type="text"/> Type of Applicant 3: Select Applicant Type: <input type="text"/> * Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: <input type="text" value="Bureau of Reclamation"/>	
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="15.504"/> CFDA Title: <input type="text" value="Title XVI Water Reclamation and Reuse Program"/>	
* 12. Funding Opportunity Number: <input type="text" value="R15AS00009"/> * Title: <input type="text" value="WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2015"/>	
13. Competition Identification Number: <input type="text"/> Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="City of Chula Vista, City of National City, San Diego County, California"/>	
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Sweetwater Authority Water Reclamation Project, Phase II"/>	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="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	16,623,000.00
* b. Applicant	22,811,681.00
* c. State	20,814,638.00
* d. Local	0.00
* e. Other	6,242,681.00
* f. Program Income	0.00
* g. TOTAL	66,492,000.00

*** 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 Deb1? (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:

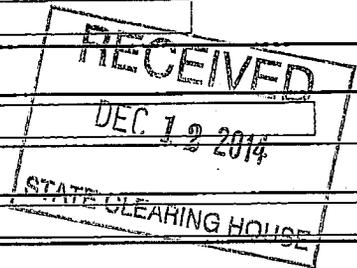
Authorized for Local Reproduction

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

*Jennifer H. Sabene, Assistant General Manager
signed for James L. Smyth*

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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/></p>		
<p>* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier: <input type="text"/></p>
<p>5a. Federal Entity Identifier: <input type="text"/></p>		<p>* 5b. Federal Award Identifier: <input type="text"/></p>
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p>B. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: <input type="text" value="City of Corona Department of Water and Power"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6000697"/></p>		<p>* c. Organizational DUNS: <input type="text" value="088513155"/></p>
<p>d. Address:</p>		
<p>* Street1: <input type="text" value="755 Public Safety Way"/></p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text" value="Corona"/></p>		
<p>County: <input type="text" value="Riverside"/></p>		
<p>* State: <input type="text" value="CA: California"/></p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text" value="USA: UNITED STATES"/></p>		
<p>* Zip / Postal Code: <input type="text" value="92880"/></p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: <input type="text" value="Department of Water and Power"/></p>		<p>Division Name: <input type="text"/></p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text" value="Ms."/> * First Name: <input type="text" value="Jacqueline"/></p>		
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text" value="Zukeran"/></p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text" value="Business Supervisor"/></p>		
<p>Organizational Affiliation: <input type="text"/></p>		
<p>* Telephone Number: <input type="text" value="951-739-4983"/></p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text" value="Jacqueline.zukeran@ci.corona.ca.us"/></p>		



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.534

CFDA Title:

Title XVI Water Reclamation and Reuse Program

* 12. Funding Opportunity Number:

R15A500009

* Title:

WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2015

13. Competition Identification Number:

Title:

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

City of Corona, California

* 15. Descriptive Title of Applicant's Project:

City Park Reclaimed Waterline

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA 44

* b. Program/Project CA 44

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

17. Proposed Project:

* a. Start Date: 12/01/2009

* b. End Date: 12/31/2012

18. Estimated Funding (\$):

* a. Federal	424,333.00
* b. Applicant	1,274,500.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,699,333.00

* 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 12/15/2014
- 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: Jonathan

Middle Name:

* Last Name: Daly

Suffix:

* Title: General Manager

* Telephone Number: 951-736-2477 Fax Number:

* Email: Jonathan.Daly@ci.corona.ca.us

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

[Empty field]

* Other (Specify)

[Empty field]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

6a. Federal Entity Identifier:

[Empty field]

* 5b. Federal Award Identifier:

[Empty field]

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

* a. Legal Name:

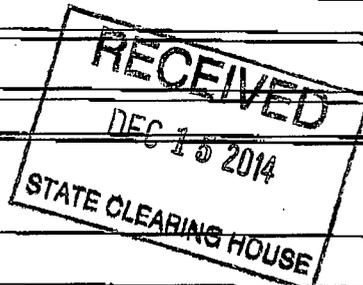
Sonoma County Water Agency

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

946000539

* c. Organizational DUNS:

074662503



d. Address:

* Street1:

404 Aviation Boulevard

Street2:

[Empty field]

* City:

Santa Rosa

County:

[Empty field]

* State:

CA: California

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95403

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

Ms.

* First Name:

Lynne

Middle Name:

[Empty field]

* Last Name:

Roscelli

Suffix:

[Empty field]

Title:

Administrative Services Officer

Organizational Affiliation:

[Empty field]

* Telephone Number:

707-524-3771

Fax Number:

707-524-3787

* Email:

Lynne.Roscelli@scwa.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Title XVI Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R15AS00009

* Title:

WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2015

13. Competition Identification Number:

Title:

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

Marin, Napa, and Sonoma Counties, California

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

North Bay Water Reuse Program

Attach supporting documents as specified in agency instructions.

OMB Number: 4010-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-002

* b. Program/Project CA-002

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

Attachment Congressional Dis. Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2015

* b. End Date: 09/30/2017

18. Estimated Funding (\$):

* a. Federal	1,793,225.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	5,379,675.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	7,172,900.00

* 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 12/15/2014
- 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 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)

** 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: Grant
Middle Name:
* Last Name: Davis
Suffix:

* Title: General Manager

* Telephone Number: 707-547-1911 Fax Number: 707-524-3787

* Email: Grant.Davis@acwa.ca.gov

* Signature of Authorized Representative: *Grant Davis* * Date Signed: 12/15/14

Authorized for Local Reproduction

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 15 2014 </div>
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> STATE CLEARING HOUSE </div>
B. APPLICANT INFORMATION:		
* a. Legal Name: Monterey Bay Fisheries Trust		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 47-1978379	* c. Organizational DUNS: 0796228270000	
d. Address:		
* Street1: 256 Figueroa Street, #1	<input type="text"/>	
Street2:	<input type="text"/>	
* City: Monterey	<input type="text"/>	
County/Parish:	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province:	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 93940-2478	<input type="text"/>	
e. Organizational Unit:		
Department Name:	Division Name:	
<input type="text"/>	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: Sherry	<input type="text"/>
Middle Name:	<input type="text"/>	
* Last Name: Flumerfelt	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: Executive Director		
Organizational Affiliation:		
<input type="text"/>	<input type="text"/>	
* Telephone Number: 415-238-2943	Fax Number:	
<input type="text"/>	<input type="text"/>	
* Email: sflumerfelt@mac.com		

Application for Federal Assistance SF-424

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

N: Nonprofit without 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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.427

CFDA Title:

Fisheries Development and Utilization Research and Development Grants and Cooperative Agreements Program

*** 12. Funding Opportunity Number:**

NOAA-NMFS-FHQ-2015-2004246

* Title:

2014/2015 Saltonstall Kennedy (2014/15 S-K)

13. Competition Identification Number:

2505665

Title:

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

Q14_Attachment_SF424.docx

Add Attachment

Delete Attachment

View Attachment

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

Collaboration of Emerging California Groundfish Community Quota Funds

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-017

* b. Program/Project: CA-002

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

Q16b Attachment_SF424.docx

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2015

* b. End Date: 05/31/2017

18. Estimated Funding (\$):

* a. Federal	288,538.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	288,538.00

*** 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 12/15/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Sherry

Middle Name:

* Last Name: Flumerfelt

Suffix:

* Title: Executive Director

* Telephone Number: 415-238-2943 Fax Number:

* Email: sflumerfelt@mac.com

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

Application for Federal Assistance SF-424

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 15 2014

STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:
1162-1517

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: Marine BioEnergy, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
90-0655774

*c. Organizational DUNS:
967157020

d. Address:

*Street 1: 4408 Union Avenue

Street 2: _____

*City: La Cañada

County: Los Angeles

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code: 91011-3136

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: Cindy

Middle Name: _____

*Last Name: Wilcox

Suffix: _____

Title: President

Organizational Affiliation:

*Telephone Number: 818-952-6018

Fax Number:

*Email: cindy.wilcox@charter.net

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:

H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

***12 Funding Opportunity Number:**

DE-FOA-0001162

***Title:**

Targeted Algal BioFuels and BioProducts

13. Competition Identification Number:

Title:

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

Research will be conducted in California and off the coast of Southern California. If the technology is successful, when implemented at commercial scale, the kelp will be grown in farms in the open ocean as a biomass feedstock. The feedstock will be processed into liquid fuels and will also eventually be used to replace liquid fuels. The result is that the nation will significantly reduce its use of fossil carbon. The nation may become an energy exporter of carbon neutral fuels.

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

Disruptive Quantities of Affordable Macroalgae Grown in the Open Ocean



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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-028

*b. Program/Project: CA-028 & CA-052

17. Proposed Project:

*a. Start Date: 07/01/2015

*b. End Date: 06/30/2018

18. Estimated Funding (\$):

*a. Federal	999,895
*b. Applicant	419,245
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	1,419,140

***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 12/15/1
- 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

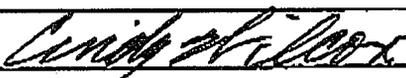
Authorized Representative:

Prefix: Mrs. *First Name: Cindy
Middle Name: _____
*Last Name: Wilcox
Suffix: _____

*Title: President

*Telephone Number: 818 952-6018, 818 952-0345 Fax Number: _____

* Email: cindy.wilcox@charter.net

*Signature of Authorized Representative: 

*Date Signed: 12/14/14