

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1 - 15, 2015**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> - Select One -  * Other (Specify)
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<b>* 3. Date Received:</b>	<b>4. Application Identifier:</b>
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<b>5a. Federal Entity Identifier:</b> AAT - 3-06-0003-	<b>* 5b. Federal Award Identifier:</b>
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<b>State Use Only:</b>	<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
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**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> City of Alturas
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<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000290	<b>* c. Organizational DUNS:</b> 154161728
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<b>d. Address:</b> <b>* Street1:</b> 200 West North Street <b>Street 2:</b> <b>* City:</b> Alturas <b>County:</b> Modoc <b>* State:</b> California <b>Province:</b> <b>Country:</b> USA <b>* Zip/ Postal Code:</b> 96101	<table border="1"><tr><td><b>RECEIVED</b></td></tr><tr><td><b>DEC 11 2015</b></td></tr><tr><td><b>STATE CLEARING HOUSE</b></td></tr></table>	<b>RECEIVED</b>	<b>DEC 11 2015</b>	<b>STATE CLEARING HOUSE</b>
<b>RECEIVED</b>				
<b>DEC 11 2015</b>				
<b>STATE CLEARING HOUSE</b>				

**e. Organizational Unit:**

<b>Department Name:</b> Public Works	<b>Division Name:</b>
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> Mr.	<b>First Name:</b> Joe
<b>Middle Name:</b>	
<b>* Last Name:</b> Picotte	
<b>Suffix:</b>	

<b>Title:</b> Director of Public Works
--

<b>Organizational Affiliation:</b> City of Alturas, Department of Public Works
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<b>* Telephone Number:</b> (530) 233-2377	<b>Fax Number:</b> (530) 233-3559
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<b>* Email:</b> jpicotte@cityofalturas.org
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**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* Other (specify):

\* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

\*12. Funding Opportunity Number:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

Alturas, Modoc County, California

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

Alturas Municipal Airport, Alturas, Modoc County, California - Design/Construct: New Helicopter Parking Apron - 201,000 sq. ft.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**  
\*a. Applicant: CA-004 \*b. Program/Project: CA-004

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

**17. Proposed Project:**  
\*a. Start Date: 01/01/2016 \*b. End Date: 12/31/2016

**18. Estimated Funding (\$):**

*a. Federal	1,680,030.00
*b. Applicant	102,668.00
*c. State	84,002.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	1,866,700.00

**\*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 12/01/2015  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)**  
 Yes  No

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

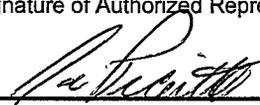
**Authorized Representative:**

Prefix: Mr. \*First Name: Joe  
Middle Name:  
\*Last Name: Picotte  
Suffix:

\*Title: Director of Public Works

\*Telephone Number: (530) 233-2377 Fax Number: (530) 233-3559

\*Email: jpicotte@cityofalturas.org

\*Signature of Authorized Representative:  \*Date Signed: 12-7-15

**Application for Federal Assistance SF-424**

**\*Applicant Federal Debt Delinquency Explanation**

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

Not Applicable.

**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):**

E: Other (specify)  
\* Other (Specify):  
Conversion

**\* 3. Date Received:**

10/16/2015

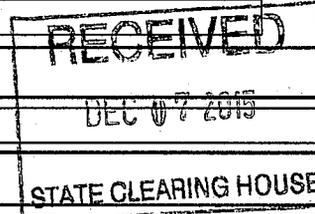
**4. Applicant Identifier:**

N/A

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

06-00551 & 06-01136



**State Use Only:**

**6. Date Received by State:** 10/16/2015

**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:**

172070607000

**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:**

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:**

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:**

P14AS00001

\* 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.):**

GNIS Detail -- Pinole Valley Park.htm

Add Attachment

Delete Attachment

View Attachment

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

Pinole Valley Park ID# 1701593  
3793 Pinole Valley Rd  
Pinole, CA 94564

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"/>
* 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"/>

\* 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  *CE*
- b. Program is subject to E.O. 12372 but has not been selected by the State for review. *12/7/2015*
- 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:

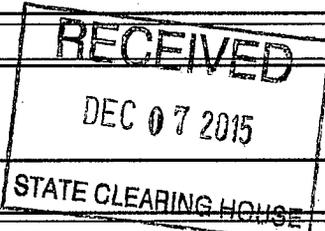
\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> E: Other (specify) _____ <b>* Other (Specify):</b> Conversion _____
<b>* 3. Date Received:</b> 10/16/2015	<b>4. Applicant Identifier:</b> N/A	
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> 06-00551 & 06-01136	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> 10/16/2015	<b>7. State Application Identifier:</b> SAI-Exempt	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> California - Department of Parks and Recreation		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0303606		
<b>* c. Organizational DUNS:</b> 172070807000		
<b>d. Address:</b>		
<b>* Street1:</b> P.O. Box 942896		
<b>Street2:</b> _____		
<b>* City:</b> Sacramento		
<b>County/Parish:</b> _____		
<b>* State:</b> CA: California		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 94296-0001		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> California Department of Parks	<b>Division Name:</b> Office of Grants & Local Svcs	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Mrs.	<b>* First Name:</b> Cristelle	
<b>Middle Name:</b> _____		
<b>* Last Name:</b> Erickson		
<b>Suffix:</b> _____		
<b>Title:</b> Associate Park & Recreation Specialist		
<b>Organizational Affiliation:</b> California Department of Parks and Recreation		
<b>* Telephone Number:</b> 916-654-8686	<b>Fax Number:</b> _____	
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\* 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.):**

GNIS Detail - City of Pinole.htm

Add Attachment

Delete Attachment

View Attachment

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

Pinon Park ID# 2411428  
1600 Primrose Lane  
Pinole, CA 94564

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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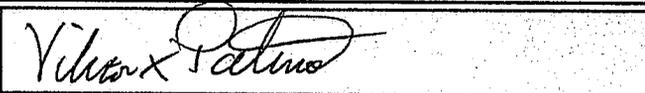
**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed: