

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16 - 31, 2011**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.



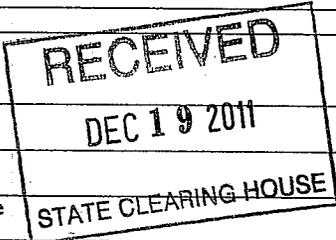
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 12-14-11	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: FDS Farms	Organizational Unit: Department:
Organizational DUNS: 839164845	Division:
Address: Street: 2911 Grainland Rd.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Fred
City: Durham	
County: Butte	Last Name Stolp
State: California Zip Code 95938	Suffix:
Country: USA	Email: fredstolp@yahoo.com



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 68-0350356

Phone Number (give area code) (530) 891-0104	Fax Number (give area code)
---	-----------------------------

**8. TYPE OF APPLICATION:**  
 New  Continuation  Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)

Other (specify)

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 M - Profit Organization  
 Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
 USDA Rural Business Development - Cooperative Services

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 10-868

TITLE (Name of Program): Renewable Energy System Grants and Guaranteed Loans under REAP

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 FDS Farms 45 kW Solar Photovoltaic Project

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 City of Nelson, Butte County, California

**13. PROPOSED PROJECT**

Start Date: December 19, 2011	Ending Date: January 31, 2012
----------------------------------	----------------------------------

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant 2nd b. Project 2nd

**15. ESTIMATED FUNDING:**

a. Federal	\$ 49,500.00
b. Applicant	\$ 73,256.00
c. State	\$ .00
d. Local	\$ .00
e. Other (CSI Rebate & ITC)	\$ 75,244.00
f. Program Income	\$ .00
g. TOTAL	\$ 198,000.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
 DATE: DECEMBER 14, 2011 (Mailed)  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
 Yes If "Yes" attach an explanation.  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. Authorized Representative**

Prefix Mr.	First Name Fred	Middle Name
Last Name Stolp		Suffix
b. Title General Partner		c. Telephone Number (give area code) (530) 891-0104
d. Signature of Authorized Representative <i>Fred Stolp</i>		e. Date Signed December 8, 2011

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	*If Revision, select appropriate letter(s): <input type="text"/> *Other (Specify): <input type="text"/>
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*3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
---	--

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

**RECEIVED**  
DEC 19 2011  
**STATE CLEARING HOUSE**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="26-3396740"/>	* c. Organizational DUNS: <input type="text" value="830044322"/>
--	---

d. Address:

* Street1:	<input type="text" value="702 Earl Street"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="San Francisco"/>
County:	<input type="text"/>
* State:	<input type="text" value="CA"/>
Province:	<input type="text"/>
* Country:	<input type="text"/>
* Zip / Postal Code:	<input type="text" value="94188"/>

e. Organizational Unit:

Department Name: <input type="text" value="India Basin Neighborhood Association"/>	Division Name: <input type="text" value="N/A"/>
---	--

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

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Alex"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Lantsberg"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

\* Telephone Number:  Fax Number:

\* Email:

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type:

Nonprofit w/o 501c3

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

CA nonprofit (documentation attached)

\* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.806

CFDA Title:

Superfund Technical Assistance Grants for Citizen Groups at Priority Sites

\* 12. Funding Opportunity Number:

\* Title:

13. Competition Identification Number:

Title:

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

Bayview-Hunters Point neighborhood of San Francisco

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

Hunters Point Shipyard Superfund Cleanup Technical Assistance

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="\$37,500.00"/>
* b. Applicant	<input type="text" value="\$7,500.00"/>
* 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="\$45,000.00"/>

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

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

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

Yes  No

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.

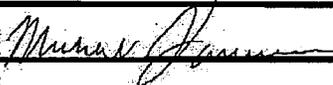
Authorized Representative:

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 checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input 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> _____ <b>* Other (Specify)</b> _____	
<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>	
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b>	
<b>* a. Legal Name:</b> City of Holtville	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-6000-721	<b>* c. Organizational DUNS:</b> 020507158
<b>d. Address:</b>	
<b>* Street 1:</b> 121 West Fifth Street	_____
<b>Street 2:</b>	_____
<b>* City:</b> Holtville	_____
<b>County:</b> Imperial County	_____
<b>* State:</b> California	_____
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b> 92250	_____
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> City of Holtville	<b>Division Name:</b> City of Holtville
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Ms.	<b>* First Name:</b> Justina
<b>Middle Name:</b>	_____
<b>* Last Name:</b> Arce	_____
<b>Suffix:</b>	_____
<b>Title:</b> City Planner	_____
<b>Organizational Affiliation:</b> The Holt Group, Inc.	
<b>* Telephone Number:</b> (760) 337-3883	<b>Fax Number:</b> (760) 337-5997
<b>* Email:</b> justina@theholtgroup.net	

RECEIVED  
DEC 19 2011  
STATE CLEANING HOUSE

**Application for Federal Assistance SF-424**

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

City

**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:**

10.760

**CFDA Title:**

Water and Waste Disposal Loan and Grant Program

**\* 12. Funding Opportunity Number:**

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

City of Holtville and immediate vicinity

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

Please refer to Project Summary Description Attached.

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant 51st District

\* b. Program/Project 51st District

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

**17. Proposed Project:**

\* a. Start Date: 3/27/2013

\* b. End Date: 8/17/2014

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

- \* a. Federal \$6,230,050 (BECC; USDA)
- \* b. Applicant \$45,000
- \* c. State TBD
- \* d. Local 0
- \* e. Other N/A
- \* f. Program Income N/A
- \* g. TOTAL \$6,275,050.00

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \* First Name: Alexander  
Middle Name: P.  
\* Last Name: Meyerhoff  
Suffix:

\* Title: City Manager, AICP

\* Telephone Number: (760) 356-4574 Fax Number: (760) 356-1863

\* Email: ameyerhoff@hollville.ca.gov

\* Signature of Authorized Representative: *Alex Meyerhoff* \* Date Signed: 11-16-11

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

**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: Completed by Grants.gov upon submission.	4 Applicant Identifier: _____
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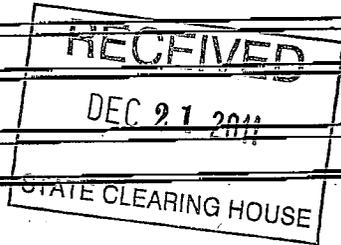
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
---	--

**State Use Only:**

6. Date Received by State: _____	7. State Application Identifier: _____
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**B. APPLICANT INFORMATION:**

* a. Legal Name: Cal. Poly Pomona Foundation, Inc.	* c. Organizational DUNS: 0289294380000
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2417645	



**d. Address:**

* Street1: 3801 W. Temple Ave.
Street2: _____
* City: Pomona
County/Parish: Los Angeles
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 91768-2557

**e. Organizational Unit:**

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

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

Prefix: Ms.	* First Name: Ashley
Middle Name: _____	
* Last Name: Gustafson	
Suffix: _____	
Title: Sponsored Contracts Associate	
Organizational Affiliation: _____	

* Telephone Number: 909-869-3301	Fax Number: 909-869-2993
* Email: angustafson@csupomona.edu	

**Application for Federal Assistance SF-424**

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**  
Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**  
66.516  
**CFDA Title:**  
E3 Award: National Student Design Competition for Sustainability

**\* 12. Funding Opportunity Number:**  
EPA-G2012-E3-Q3  
**\* Title:**  
9th Annual E3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet

**13. Competition Identification Number:**  
  
**Title:**

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

**\* 15. Descriptive Title of Applicant's Project:**  
Capturing CO2 with MgO Aerogels

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-038

b. Program/Project CA-038

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

17. Proposed Project:

\* a. Start Date: 08/15/2012

\* b. End Date: 08/14/2013

18. Estimated Funding (\$):

* a. Federal	14,644.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income:	0.00
* g. TOTAL	14,644.00

\* 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 12/21/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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 210, Section 1001)

\*\* I AGREE

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

Authorized Representative:

Prefix: Mr. \* First Name: G. Paul  
 Middle Name:  
 \* Last Name: Storey  
 Suffix:

\* Title: Executive Director

\* Telephone Number: 909-869-2951 Fax Number: 909-869-5067

\* Email: gpstorey@csupomona.edu

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

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" 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: <input type="text" value="12/22/2011"/>		4. Applicant Identifier: <input type="text" value="GRANT11028691"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: <input type="text" value="The Regents of the University of California"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="956006142W"/>		* c. Organizational DUNS: <input type="text" value="627797426000"/>	
d. Address:			
* Street1:	<input type="text" value="200 University Office Building"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Riverside"/>		
County/Parish:	<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="92521-0297"/>		
e. Organizational Unit:			
Department Name: <input type="text" value="Entomology"/>		Division Name: <input type="text" value="CNAS"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text" value="Mrs."/>	* First Name:	<input type="text" value="Myrna"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Lindo"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Senior Contract and Grant Officer"/>		
Organizational Affiliation: <input type="text" value="Sponsored Programs Office"/>			
* Telephone Number:	<input type="text" value="951-827-5535"/>	Fax Number:	<input type="text" value="951-827-4483"/>
* Email:	<input type="text" value="awards@ucr.edu"/>		

**RECEIVED**  
 DEC 22 2011  
 STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

B: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

X: Other (specify)

\* Other (specify):

1862 Land Grant Institution

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

Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**

66.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

**\* 12. Funding Opportunity Number:**

EPA-G2012-P3-Q4

\* Title:

9th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet

**13. Competition Identification Number:**

Title:

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

UCR\_Rust\_Areas\_affected.pdf



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

Reducing Pesticide Runoff in Urban Waterways

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-44

b. Program/Project CA-ALL

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

17. Proposed Project:

\* a. Start Date: 08/15/2012

\* b. End Date: 08/14/2013

18. Estimated Funding (\$):

* a. Federal	14,444.86
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	14,444.86

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

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- 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: Mrs. \* First Name: Myrna  
 Middle Name:  
 \* Last Name: Lindo  
 Suffix:

\* Title: Senior Contract and Grant Officer

\* Telephone Number: 951-827-5535 Fax Number: 951-827-4483

\* Email: myrna.lindo@ucr.edu

\* Signature of Authorized Representative: Myrna Lindo Date Signed: 12/22/11

Myrna A. Lindo  
Sr. Contract & Grant Officer

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

\_\_\_\_\_  
 \* Other (Specify): \_\_\_\_\_

**RECEIVED**  
DEC 22 2011

**\* 3. Date Received:**

12/22/2011

**4. Applicant Identifier:**

\_\_\_\_\_

STATE CLEARING HOUSE

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

National Indian Justice Center

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

68-0004000

**\* c. Organizational DUNS:**

1510953200000

**d. Address:**

**\* Street1:**

5250 Aero Drive

**Street2:**

\_\_\_\_\_

**\* City:**

Santa Rosa

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95403-8069

**e. Organizational Unit:**

**Department Name:**

\_\_\_\_\_

**Division Name:**

\_\_\_\_\_

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

**Prefix:**

Ms.

**\* First Name:**

Raquelia

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Myers

**Suffix:**

\_\_\_\_\_

**Title:**

Staff Attorney

**Organizational Affiliation:**

National Indian Justice Center

**\* Telephone Number:**

707-579-5507

**Fax Number:**

707-579-9019

**\* Email:**

nijc@aol.com

**Application for Federal Assistance SF-424**

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

M: Nonprofit with 501(c)3 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:**

Utilition Programs

**11. Catalog of Federal Domestic Assistance Number:**

10.762

**CFDA Title:**

Solid Waste Management Grants

**\* 12. Funding Opportunity Number:**

RDUP-SWMGRANT-100111-FY12

**\* Title:**

Solid Waste Management Grant

**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:**

Safety and Recycling Strategies for Cleaning Up Illegal Dumps on Tribal Lands

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA 006

b. Program/Project CA 006

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 10/01/2012

\* b. End Date: 09/30/2013

18. Estimated Funding (\$):

* a. Federal	120,150.00
* b. Applicant	30,600.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	150,750.00

\* 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 12/22/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

\* Title: Executive Director

\* Telephone Number: 707-579-5507 Fax Number: 707-579-9019

\* Email: josephmyers@nijc.org

\* Signature of Authorized Representative: Joseph Myers \* Date Signed: 12/22/2011

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 12/19/11	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name <b>Los Angeles County Metropolitan Transportation Authority</b>		Organizational Unit: <b>Regional Capital Development</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Emma Nogales (213) 922-3066</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" 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): A , C  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		<b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20500</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Section 5909 Very Small Starts Earmark, CA-03-0815-01 Wilshire Blvd Bus-Only Lane</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>9/1/11</b>	Ending Date <b>6/30/16</b>	a. Applicant <b>Districts 25 to 39, 42 &amp; 46</b>	b. Project <b>30, 31, 33 34</b>

**RECEIVED**

**DEC 22 2011**

**STATE CLEARING HOUSE**

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 13,558,474.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>12/13/11</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	\$ 4,764,329.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$ .00		
g TOTAL	\$ 18,322,803.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative <b>GLADYS LOWE</b>		b Title Director Regional Program Management	c Telephone number <b>(213) 922-2459</b>
d. Signature of Authorized Representative 		e. Date Signed <b>12/19/2011</b>	

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

**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:**

12/22/2011

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**RECEIVED**  
DEC 22 2011

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

California State University, East Bay Foundation, Inc.

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

941524922

**\* c. Organizational DUNS:**

1940443350000

**d. Address:**

**\* Street1:**

25976 Carlos Bee Boulevard

**Street2:**

\_\_\_\_\_

**\* City:**

Hayward

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

94542-1602

**e. Organizational Unit:**

**Department Name:**

Research & Sponsored Programs

**Division Name:**

\_\_\_\_\_

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

**Prefix:**

Dr.

**\* First Name:**

Linda

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Dobb

**Suffix:**

J.D.

**Title:**

Interim Associate Provost

**Organizational Affiliation:**

California State University, East Bay

**\* Telephone Number:**

510-885-3773

**Fax Number:**

510-885-2295

**\* Email:**

linda.dobb@csueastbay.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:**

Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**

66.516.

**CFDA Title:**

P3 Award: National Student Design Competition for Sustainability

**\* 12. Funding Opportunity Number:**

EPA-G2012-P3-Q1

**\* Title:**

9th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet

**13. Competition Identification Number:**

**Title:**

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

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

The Hydro Lantern: Providing Light, Reducing Pollution, and Enhancing Education and Entrepreneurial Opportunities in Subsistence Communities and Schools

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="15,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="15,000.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

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

\*Other (Specify) \_\_\_\_\_

RECEIVED  
DEC 22 2011

\*3. Date Received:

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

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

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
94-6002123

\*c. Organizational DUNS:  
12-472-6725

d. Address:

\*Street 1: C/o Sponsored Projects Office

Street 2: 2150 Shattuck Ave, Suite 300

\*City: Berkeley

County: Alameda

\*State: CA

Province: \_\_\_\_\_

\*Country: USA

\*Zip / Postal Code: 94704-5940

e. Organizational Unit:

Department Name:  
Sponsored Projects Office

Division Name:

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

Prefix: \_\_\_\_\_ \*First Name: Wend

Middle Name: \_\_\_\_\_

\*Last Name: Haves

Suffix: \_\_\_\_\_

Title: Research Administrator

Organizational Affiliation:

\*Telephone Number: 510-643-3391

Fax Number: 510-642-8236

\*Email: wendih@berkeley.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:**

U. S. Dept of Interior, Bureau of Reclamation

**11. Catalog of Federal Domestic Assistance Number:**

15.512

CFDA Title:

Central Valley Project Improvement Act

**12. Funding Opportunity Number:**

Title:

**13. Competition Identification Number:**

Title:

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

CA

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

Suisun Bay Hydrodynamics: Flows, Salt Fluxes and X2 Dynamics During the 2011 IEP Fall X2 Study

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\*a. Applicant: CA-009

\*b. Program/Project: CA-009, CA-007, CA-010

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

**17. Proposed Project:**

\*a. Start Date: 10/1/11

\*b. End Date: 9/30/13

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

*a. Federal	212,893.00
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	212,893.00

**\*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 12/22/11.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes  No

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

 \*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_

\*First Name: Patricia

Middle Name: \_\_\_\_\_

\*Last Name: Gates

Suffix: \_\_\_\_\_

\*Title: Associate Director, Sponsored Projects Office

\*Telephone Number: 510-642-8109

Fax Number: 510-642-8236

\* Email: spoawards@berkeley.edu\*Signature of Authorized Representative: Patricia A. Gates\*Date Signed: 12/22/11

OMB Number: 4040-0004

Expiration Date: 03/31/2012

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: <input type="text" value="12/22/2011"/>		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>DEC 22 2011</b> </div>			
STATE CLEARING HOUSE			
<b>State Use Only:</b>			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: <input type="text" value="The Regents of the University of California"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="956006142W"/>		* c. Organizational DUNS: <input type="text" value="6277974260000"/>	
d. Address:			
* Street1:	<input type="text" value="200 University Office Building"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Riverside"/>		
County/Parish:	<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="925210217"/>		
e. Organizational Unit:			
Department Name: <input type="text"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Kawai"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Tam"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Assistant Project Scientist / Lecturer"/>		
Organizational Affiliation: <input type="text" value="University of California, Riverside Staff/Faculty"/>			
* Telephone Number:	<input type="text" value="951-827-2498"/>	Fax Number:	<input type="text" value="951-872-5696"/>
* Email:	<input type="text" value="ktam@engr.ucr.edu"/>		

**Application for Federal Assistance SF-424**

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

S: Hispanic-serving Institution

**Type of Applicant 2: Select Applicant Type:**

E: Public/State Controlled Institution of Higher Education

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**

66.516

**CFDA Title:**

P3 Award: National Student Design Competition for Sustainability

**\* 12. Funding Opportunity Number:**

EPA-G2012-P3-Q4

**\* Title:**

9th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet

**13. Competition Identification Number:**

**Title:**

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

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

Pasteurization Using a Lens and Solar Energy (PULSE) Method

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

CA-044

b. Program/Project

CA-044

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

**17. Proposed Project**

\* a. Start Date: 08/15/2012

\* b. End Date: 08/14/2013

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

* a. Federal	14,999.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	14,999.00

**\* 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

12/22/2011

 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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: Gillian

Middle Name:

\* Last Name: Fischer

Suffix:

\* Title:

Principal Contract and Grant Officer

\* Telephone Number:

951-827-5535

Fax Number:

951-827-4483

\* Email:

awards@ucr.edu

\* Signature of Authorized Representative:

Gillian Fischer

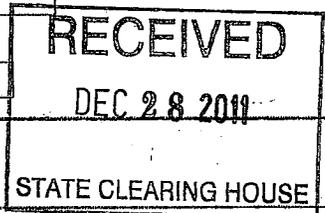
\* Date Signed:

12/22/2011

Application for Federal Assistance SF-424

Version 02

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



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

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: The Urban Wildlands Group, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4816288	* c. Organizational DUNS: 113445451

d. Address:

* Street1: P.O. Box 24020
Street2: _____
* City: Los Angeles
* County: Los Angeles
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 90024-0020

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: Travis
Middle Name: _____	
* Last Name: Longcore	
Suffix: Ph.D	
Title: Science Director	
Organizational Affiliation: _____	
* Telephone Number: (310) 247-9719	Fax Number: _____
* Email: longcore@urbanwildlands.org	

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Bureau of Reclamation - Mid-Pacific Region

**11. Catalog of Federal Domestic Assistance Number:**

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

**\* 12. Funding Opportunity Number:**

R12AF20001

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Antioch, California

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

Investigation of Arthropod Communities Associated With Three Endangered Species at Antioch Dunes National Wildlife Refuge

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="44,428.80"/>
* b. Applicant	<input type="text" value="14,472.00"/>
* 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="58,900.80"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	* Other (Specify)
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Revision		
<input type="checkbox"/> Changed/Corrected Application			
*3. Date Received:	4. Application Identifier:		STATE CLEARING HOUSE
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: California Rural Water Association			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0224404		*c. Organizational DUNS: 797674470	
<b>d. Address:</b>			
*Street1: 4125 Northgate Blvd.			
Street 2:			
*City: Sacramento			
County: Sacramento			
*State: CA			
Province:			
Country: United States		*Zip/ Postal Code: 95834	
<b>e. Organizational Unit:</b>			
Department Name: Resource Development		Division Name: Resource Development	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix: Mr.		First Name: Dustin	
Middle Name: James			
*Last Name: Hardwick			
Suffix:			
Title: Director of Resource Development			
Organizational Affiliation:			
*Telephone Number: 760-920-0842		Fax Number: 916-553-4904	
*Email: dhardwick@calruralwater.org			

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STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

**USDA Rural Development Utilities Program**

11. Catalog of Federal Domestic Assistance Number:

**10-761**

CFDA Title:

**Technical Assistance and Training Grants: Solid Waste Management Grant**\*12. Funding Opportunity Number: **TAT-FY12**\*Title: **Technical Assistance and Training Grants**13. Competition Identification Number: **N/A**

Title:

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

**Native American Tribes located in Humboldt County, Mendocino County, Del Norte County, Shasta County, Lake County, El Dorado County, Riverside County, and San Diego County, California.**

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

**California Native American Solid Waste Management Training and Technical Assistance Program.****Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant

4th and 5th

\*b. Program/Project:

1, 2, 4, 41, 45, 49, 51, 52

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

17. Proposed Project: California Native American SWMP Training and Technical Assistance Program

\*a. Start Date: October 1, 2012

\*b. End Date: September 30, 2013

18. Estimated Funding (\$):

\*a. Federal

\$127,838.00

\*d. Local

\*b. Applicant

\$43,347.00

\*e. Other

\*c. State

\*f. Program Income

\*d. Local

\*g. TOTAL

\$171,185.00

\*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 12/31/11 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372

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

 Yes No

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

 \*\*I AGREE

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

Authorized Representative:

Prefix: Mr.

\*First Name: Dustin

Middle Name: James

\*Last Name: Hardwick

Suffix:

\*Title: Director of Resource Development

\*Telephone Number: 760-920-0842

Fax Number: 916-553-4904

\*Email: dhardwick@calruralwater.org

\*Signature of Authorized Representative: *Dustin Hardwick*

Date Signed: December 28, 2011