

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16 - 31, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **H. Public/State Controlled Institution of Higher Education**

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 ANIMAL AND PLANT INSPECTION SERVICE (APHIS)

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

PANT 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.):

NATIONWIDE

*15. Descriptive Title of Applicant's Project:

GRAPEVINE, FRUIT TREE, AND NUT TREE CLEAN PLANT PROGRAM AT FOUNDATION PLANT SERVICES, UNIVERSITY OF CALIFORNIA, DAVIS.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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* 3. Date Received: _____	4. Applicant Identifier: Dept. of Food and Agriculture
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5a. Federal Entity Identifier: 14-8506-0651-CA	* 5b. Federal Award Identifier: _____
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State Use Only:	
6. Date Received by State: January 25, 2013	7. State Application Identifier: 13-0447-FR

8. APPLICANT INFORMATION:	
* a. Legal Name: State of California	RECEIVED DEC 16 2013 STATE CLEARING HOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	
* c. Organizational DUNS: 807487665	

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

e. Organizational Unit:	
Department Name: California Department of Food and Agriculture	Division Name: Plant Health & Pest Prevention Services

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: _____	* First Name: Jason
Middle Name: K	
* Last Name: Chan	
Suffix: _____	
Title: _____	

Organizational Affiliation: California Department of Food and Agriculture	
* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555
* Email: jason.chan@cdfa.ca.gov	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Infrastructure Project and State Survey Coordinator

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 40,107
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 40,107

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on December 16, 2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title: Manager, Federal Funds Management Office

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

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

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004
Expiration Date: 8/31/2016

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:

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:

Monterey Bay Aquarium Foundation

RECEIVED

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

942487469

* c. Organizational DUNS:

0586631620000

DEC 16 2013

d. Address:

STATE CLEARING HOUSE

* Street1:

886 Cannery Row

Street2:

* City:

Monterey

County/Parish:

Monterey

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93940-1023

e. Organizational Unit:

Department Name:

Education Programs

Division Name:

Teacher Programs

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

Prefix:

Ms.

* First Name:

Megan

Middle Name:

* Last Name:

Snedden

Suffix:

Title:

Grants Officer

Organizational Affiliation:

* Telephone Number:

831-644-1075

Fax Number:

* Email:

msnedden@mbayaq.org

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:

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

* 12. Funding Opportunity Number:

NOAA-NOS-ORR-2014-2003929

* Title:

FY2014 NOAA Marine Debris Prevention through Education and Outreach

13. Competition Identification Number:

2456859

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Ocean Plastic Pollution Summit for Teachers

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-017

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

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2014

* b. End Date: 07/31/2015

18. Estimated Funding (\$):

* a. Federal	68,326.00
* b. Applicant	69,284.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	137,610.00

* 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 12/17/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Attachment 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 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: Edward
 Middle Name:
 * Last Name: Prohaska
 Suffix:

* Title: Chief Financial Officer

* Telephone Number: 831-648-4808 Fax Number:

* Email: sprohaska@mbayaq.org

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

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 16, 2013	Applicant Identifier
Preapplication <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: County of Los Angeles	Organizational Unit: Department: Public Works
Organizational DUNS: 625211490	Division: Aviation
Address: Street: 900 South Fremont Avenue, Alhambra, CA 91803-1000	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Richard
City: Alhambra	Middle Name: L.
County: Los Angeles	Last Name: Smith
State: California	Suffix:
Country: USA	Email: rsmith@dpw.lacounty.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 0 9 2 7

Phone number (give area code): **(626) 300-4602** FAX number (give area code): **(626) 300-4620**

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)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **Airport Improvement Program (AIP)**

7. TYPE OF APPLICANT: (See back of form for Application Types)

B

Other (specify)

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration - Airports Division

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
The Airport Layout Plans (ALP) at Brackett Field, Compton/Woodley and El Monte Airports are outdated. The ALPs will update additional projects that were not listed on prior ALPs. This will include, but not limited to: major pavement repairs to the runways, taxiways, ramp/apron areas, and other future capital projects. The project narrative will update the airport inventory and forecast. Each ALP estimated total project cost is \$150,000.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

**City of La Verne, County of Los Angeles, California;
City of Compton and
City of El Monte**

13. PROPOSED PROJECT

Start Date: **May 2013** Ending Date: **March 2015**

14. CONGRESSIONAL DISTRICTS OF

a. Applicant: **22, 25 - 39, 42, and 46** b. Project: **26, 32, & 37**

15. ESTIMATED FUNDING

a. Federal	\$	405,000	.00
b. Applicant	\$	24,750	.00
c. State	\$	20,250	.00
d. Local	\$.00
e. Other	\$.00
f. Program income	\$.00
g. TOTAL	\$	450,000	.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: **12/16/2013**

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 Dennis	Middle Name
Last Name Hunter		Suffix
b. Title Deputy Director		c. Telephone number (give area code) (626) 300-4602
d. Signature of Authorized Representative <i>Dennis Hunter</i>		e. Date Signed 12/16/13

Application for Federal Assistance SF-424

Version 02

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142	*c. Organizational DUNS: 627797426
---	---------------------------------------

RECEIVED

d. Address:
*Street1: 200 University Office Building
Street 2:
*City: Riverside
County: Riverside
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 92521-0217

DEC 17 2013

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: Office of Research and Economic Development	Division Name: Sponsored Programs Administration
---	---

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

Prefix: Ms. First Name: Ursula
Middle Name:
*Last Name: Prins
Suffix:

Title: Principal Contract and Grant Officer

Organizational Affiliation:

*Telephone Number: 951-827-4808 Fax Number: 951-827-4483

*Email: ursula.prins@ucr.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education

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:

Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number: USDA-Grants-042210-001

*Title: National Clean Plant Network Cooperative Agreement Program

13. Competition Identification Number:

Title:

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

Worldwide

*15. Descriptive Title of Applicant's Project:

This project will ensure that high quality citrus propagative material will be produced, maintained, and supplied to scientists and the industry in the USA under the standards of excellence of NCPN.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA:041

*b. Program/Project: CA:041

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

17. Proposed Project: 12/16/2013

*a. Start Date: 01/15/2014

*b. End Date: 04/14/2014

18. Estimated Funding (\$):

*a. Federal \$74,250.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$74,250.00

*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 12/16/2013

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

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

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

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: Ms.

*First Name: Ursula

Middle Name:

*Last Name: Prins

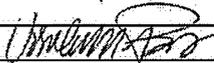
Suffix:

*Title: Principal Contract and Grant Officer

*Telephone Number: 951-827-4808

Fax Number: 951-827-4483

*Email: ursula.prins@ucr.edu

*Signature of Authorized Representative: 

Date Signed: 12/16/2013

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	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 Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>956006142</u>	* c. Organizational DUNS: <u>627797426</u>
---	---

d. Address:

* Street1: 200 University Office Building
Street2: University of California, Riverside
* City: Riverside
County: Riverside
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name: <u>Vice Chancellor - Research</u>	Division Name: <u>Office of Research Affairs</u>
---	---

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

Prefix: _____ * First Name: Ursula
Middle Name: _____
* Last Name: Prins
Suffix: _____

Title: Principal Contract & Grant Officer

Organizational Affiliation:
The Regents of the University of California

* Telephone Number: (951) 827-4808 Fax Number: (951) 827-4483

* Email: ursulap@ucr.edu

RECEIVED
DEC 17 2013
STATE CLEARING HOUSE

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:

S: Hispanic-serving Institution

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-G2014-P3-Q2

* Title:

11th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet (Built Environment)

13. Competition Identification Number:

Title:

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

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

NOx-Out: Selective Catalytic Reduction System for Emission Control of Small Off-road Engines

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 and attach.)**

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

*** 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:**

12/17/2013

4. Applicant Identifier:

RECEIVED

DEC 17 2013

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** University of Southern California

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

95-1642394

*** c. Organizational DUNS:**

0729333930000

d. Address:

*** Street1:** USC, Department of Contract and Grants

Street2: 3720 South Flower Street

*** City:** Los Angeles

County/Parish: Los Angeles

*** State:** CA: California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 90089-0701

e. Organizational Unit:

Department Name:

School of Architecture

Division Name:

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

Prefix: *** First Name:** Joon-Ho

Middle Name:

*** Last Name:** Choi

Suffix:

Title: Assistant Professor

Organizational Affiliation:

University of Southern California

*** Telephone Number:** 213-740-4576

Fax Number:

*** Email:** joonhoch@usc.edu

Application for Federal Assistance SF-424

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

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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-G2014-P3-Q2

* Title:

11th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet (Built Environment)

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:**

AIR- Algae Integrated Roof System

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-037

* b. Program/Project CA-037

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 08/15/2014

* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	15,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	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 12/17/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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: Mr. * First Name: Ryan

Middle Name:

* Last Name: Tischler

Suffix:

* Title: Contracts and Grants Officer

* Telephone Number: 213-740-8336 Fax Number:

* Email: tischler@research.usc.edu

* Signature of Authorized Representative: Ryan Tischler * Date Signed: 12/17/2013

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

RECEIVED

DEC 17 2013

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: University of Southern California

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

95-1642394

* c. Organizational DUNS:

0729333930000

d. Address:

* Street1: USC, Department of Contract and Grants

Street2: 3720 South Flower Street

* City: Los Angeles

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90089-0701

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: Karen

Middle Name:

* Last Name: Kensek

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 213-740-2081

Fax Number:

* Email: kensek@usc.edu

Application for Federal Assistance SF-424

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

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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-G2014-P3-Q2.

* Title:

11th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet (Built Environment)

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:**

High Performance Shading Systems

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-037

* b. Program/Project CA-037

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 08/15/2014

* b. End Date: 08/14/2015

18. Estimated Funding (\$):

* a. Federal	15,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	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

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: Layton
Middle Name:
* Last Name: Hansen
Suffix:

* Title: Contracts and Grants Officer

* Telephone Number: 213-740-2934 Fax Number:

* Email: laytonha@research.usc.edu

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

RECEIVED

5a. Federal Entity Identifier:

14-8506-0934-CA

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

DEC 18 2013

State Use Only:

6. Date Received by State:

7. State Application Identifier:

13-0445-FR

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:**

1220 N Street, Room 315

Street2:

*** City:**

Sacramento

County:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

*** First Name:**

Jason

Middle Name:

K

*** Last Name:**

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

*** Telephone Number:**

(916) 654-1211

Fax Number:

(916) 654-0555

*** Email:**

jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Exotic Fruit Fly

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 2,000,000

* b. Applicant

* c. State 9,233,528

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 11,233,528

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on December 18, 2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Crystal

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

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

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

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Heather Hamza

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

DEC 19 2013

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

Global Underwater Explorers

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

59-345913C

* c. Organizational DUNS:

135494115000

d. Address:

* Street1:

13 South Main Street

Street2:

* City:

High Springs

County/Parish:

* State:

FL: Florida

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

32643-2662

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:

Kady

Middle Name:

* Last Name:

Smith

Suffix:

Title:

Office Administrator, GUE

Organizational Affiliation:

Global Underwater Explorers (GUE)

* Telephone Number:

386.454.0920

Fax Number:

386.454.0654

* Email:

kady@gue.com

Application for Federal Assistance SF-424

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

M: Nonprofit with 531C3 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:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NOS-ORR-2014-2003929

* Title:

FY2014 NOAA Marine Debris Prevention through Education and Outreach

13. Competition Identification Number:

2458859

Title:

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

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

Ghost Fishing: What are ghost nets, and how can we prevent them? What can be done about ghost nets that we know of (clean-up efforts; recycling)? How are ghost nets detrimental to marine habitat?

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="98,280.00"/>
* b. Applicant	<input type="text" value="98,230.00"/>
* 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="196,510.00"/>

* 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

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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. Application Identifier:

RECEIVED

DEC 20 2013

5a. Federal Entity Identifier:

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

State Use Only:

6. Date Received by State:

STATE CLEARING HOUSE

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**

*** b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494**

***c. Organizational DUNS: 047120084000**

d. Address:

***Street1: 1850 RESEARCH PARK DRIVE**

Street 2: SUITE 300

***City: DAVIS**

County: YOLO

***State: CA**

Province:

Country: U.S.A.

***Zip/ Postal Code: 95618-6153**

e. Organizational Unit:

Department Name:

SPONSORED PROGRAMS OFFICE

Division Name:

OFFICE OF RESEARCH

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

Prefix:

Middle Name:

First Name:

***Last Name:**

Suffix:

Title: CONTRACTS AND GRANTS ANALYST

Organizational Affiliation:

***Telephone Number: 530-754-7700**

Fax Number: 530-752-0333

***Email: AWARDS@UCDAVIS.EDU**

Application for Federal Assistance SF-424

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Version 02

9. Type of Applicant 1: Select Applicant Type: **H. Public/State Controlled Institution of Higher Education**

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 ANIMAL AND PLANT INSPECTION SERVICE (APHIS)

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

PANT 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.):

NATIONWIDE

*15. Descriptive Title of Applicant's Project:

GRAPEVINE, FRUIT TREE, AND NUT TREE CLEAN PLANT PROGRAM AT FOUNDATION PLANT SERVICES, UNIVERSITY OF CALIFORNIA, DAVIS.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-003

*a. Applicant

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 01/15/2014

*b. End Date: 04/14/2014

18. Estimated Funding (\$):

*a. Federal	\$234,934.00
*b. Applicant	
*c. State	\$23,493.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$258,427.00

***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 12/20/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- 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: CONTRACTS AND GRANTS ANALYST

*Telephone Number: 530-754-7700

Fax Number: 530-752-0333

*Email: AWARDS@UCDAVIS.EDU

*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"/> Application	<input checked="" type="checkbox"/> New	* Other (Specify) RECEIVED
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="checkbox"/> Revision	

DEC 20 2013

STATE CLEARING HOUSE

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	*c. Organizational DUNS: 047120084000
---	--

d. Address:

*Street1: 1850 RESEARCH PARK DRIVE
Street 2: SUITE 300
*City: DAVIS
County: YOLO
*State: CA
Province:
Country: U.S.A. *Zip/ Postal Code: 95618-6153

e. Organizational Unit:

Department Name: SPONSORED PROGRAMS OFFICE	Division Name: OFFICE OF RESEARCH
---	--------------------------------------

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

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

Title: CONTRACTS AND GRANTS ANALYST

Organizational Affiliation:

*Telephone Number: 530-754-7700 Fax Number: 530-752-0333

*Email: AWARDS@UCDAVIS.EDU

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education

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 ANIMAL AND PLANT INSPECTION SERVICE (APHIS)

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.):

NATIONWIDE

*15. Descriptive Title of Applicant's Project:

National NCPN Outreach Coordinator

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-003

*a. Applicant

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 01/15/2014

*b. End Date: 04/14/2014

18. Estimated Funding (\$):

*a. Federal	\$34,309.00
*b. Applicant	\$3,431.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$37,740.00

*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 12/20/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- 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: CONTRACTS AND GRANTS ANALYST

*Telephone Number: 530-754-7700

Fax Number: 530-752-0333

*Email: AWARDS@UCDAVIS.EDU

*Signature of Authorized Representative:

Date Signed:

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

RECEIVED

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

DEC 20 2013

5a. Federal Entity Identifier:

14-8506-1636-CA

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

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:**

1220 N Street, Room 315

Street2:

*** City:**

Sacramento

County:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

*** First Name:**

Jason

Middle Name:

K

*** Last Name:**

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

*** Telephone Number:**

(916) 654-1211

Fax Number:

(916) 654-0555

*** Email:**

jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Olive Fly Integrated Control

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 103,727

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 103,727

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

a. This application was made available to the State under the Executive Order 12372 Process for review on December 20, 2013.

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

RECEIVED

DEC 20 2013

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

14-8506-1317-CA

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

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

13-0444-FR

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:**

1220 N Street, Room 315

Street2:

*** City:**

Sacramento

County:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

*** First Name:**

Jason

Middle Name:

K

*** Last Name:**

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

*** Telephone Number:**

(916) 654-1211

Fax Number:

(916) 654-0555

*** Email:**

jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

European Grapevine Moth

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 7,498,392

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 7,498,392

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

a. This application was made available to the State under the Executive Order 12372 Process for review on December 20, 2013.

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

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

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

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <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		
* 3. Date Received: _____		4. Applicant Identifier: Dept. of Food and Agriculture
5a. Federal Entity Identifier: 14-8506-0934-GR		* 5b. Federal Award Identifier: _____
DEC 20 2012 STATE CLEARINGHOUSE		
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: 13-0445-FR
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104		* c. Organizational DUNS: 807487665
d. Address:		
* Street1: 1220 N Street, Room 315		
Street2: _____		
* City: Sacramento		
County: _____		
* State: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95814		
e. Organizational Unit:		
Department Name: California Department of Food and Agriculture		Division Name: Plant Health & Pest Prevention Services
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		* First Name: Jason
Middle Name: K		
* Last Name: Chan		
Suffix: _____		
Title: _____		
Organizational Affiliation: California Department of Food and Agriculture		
* Telephone Number: (916) 654-1211		Fax Number: (916) 654-0555
* Email: jason.chan@cdfa.ca.gov		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Exotic Fruit Fly

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 2,000,000

* b. Applicant

* c. State 9,233,528

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 11,233,528

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

a. This application was made available to the State under the Executive Order 12372 Process for review on December 18, 2013.

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

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

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

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <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="checkbox"/> * Other (Specify): <input type="checkbox"/>
* 3. Date Received: <input type="text" value="12/23/13"/>	4. Applicant Identifier: <input type="text"/>	
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. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Mid-Peninsula The Farm, Inc."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="77-0283355"/>	* c. Organizational DUNS: <input type="text" value="078363604"/>	
d. Address:		
* Street1: <input type="text" value="303 Vintage Park Drive, Suite 250"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Foster City"/>	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="94404"/>	
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="Helen"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Tong-Ishikawa"/>	
Suffix: <input type="text"/>	Title: <input type="text"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="650-356-2968"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="htongishikawa@miopen-housing.org"/>		

RECEIVED

DEC 23 2013

STATE CLEARING HOUSE

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:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FR-5700-N-31B

* Title:

Continuum of Care Program Competition

13. Competition Identification Number:

Title:

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

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

MidPen Armory Project

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="1,744,390"/>
* b. Applicant	<input type="text" value="100"/>
* c. State	<input type="text" value="919,500"/>
* d. Local	<input type="text" value="4,100,000"/>
* e. Other	<input type="text" value="22,210,310"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="28,974,300"/>

*** 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:

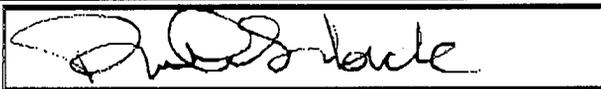
* Last Name:

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 24 2013

STATE CLEARING HOUSE

*3. Date Received:

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: City of Santa Barbara

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6000787

*c. Organizational DUNS:
606969863

d. Address:

*Street 1: 601 Norman Firestone Rd.
Street 2: _____
*City: Santa Barbara
County: Santa Barbara
*State: California
Province: _____
*Country: United States
*Zip / Postal Code 93117

e. Organizational Unit:

Department Name:
Airport

Division Name:

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

Prefix: Ms. *First Name: Hazel
Middle Name: _____
*Last Name: Johns
Suffix: _____

Title: Interim Airport Director

Organizational Affiliation:
Employee

*Telephone Number: (805) 967-7111

Fax Number: (805) 964-1380

*Email: HJohns@SantaBarbaraCA.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:**

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Goleta, City of Santa Barbara, County of Santa Barbara

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

Runway 15L-33R and General Aviation Apron Rehabilitation and Seal Coat; Lighted "X" Purchase

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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

RECEIVED

DEC 24 2013

STATE CLEARING HOUSE

*3. Date Received:	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: City of Santa Barbara

*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-6000787</u>	*c. Organizational DUNS: <u>606969863</u>
---	--

d. Address:

*Street 1: 601 Norman Firestone Rd.
Street 2: _____
*City: Santa Barbara
County: Santa Barbara
*State: California
Province: _____
*Country: United States
*Zip / Postal Code 93117

e. Organizational Unit:

Department Name: <u>Airport</u>	Division Name:
------------------------------------	----------------

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

Prefix: Ms. *First Name: Hazel
Middle Name: _____
*Last Name: Johns
Suffix: _____

Title: Interim Airport Director

Organizational Affiliation:
Employee

*Telephone Number: (805) 967-7111 Fax Number: (805) 964-1380

*Email: HJohns@SantaBarbaraCA.gov

Application for Federal Assistance Sr-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:**

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Goleta, City of Santa Barbara, County of Santa Barbara

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

Wildlife Hazard Assessment (WHA) and Wildlife Hazard Management Plan (WHMP) Update

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-24

*b. Program/Project: CA-24

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

17. Proposed Project:

*a. Start Date: June 1, 2014

*b. End Date: December 31, 2015

18. Estimated Funding (\$):

*a. Federal	_____	\$90,700
*b. Applicant	_____	\$9,300
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$100,000

***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 December 19, 2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

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: Ms. *First Name: Hazel
Middle Name: _____
*Last Name: Johns
Suffix: _____

*Title: Interim Airport Director

*Telephone Number: (805) 967-7111

Fax Number: (805) 964-1380

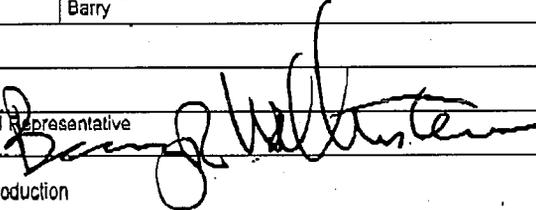
* Email: HJohns@SantaBarbaraCA.gov

*Signature of Authorized Representative: *Hazel Johns*

*Date Signed: 12-19-13

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12-20-13	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction		
6. APPLICANT INFORMATION			
Legal Name: South Coast Air Quality Management District		Organizational Unit: Department:	
Organizational DUNS: 953090419		Division:	
Address: Street: 21865 Copley Dr. City: Diamond Bar, CA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: First Name: Mary	
County: Los Angeles		Last Name Leonard	
State: CA	Zip Code 91765	Suffix: DEC 24 2013	
Country: USA		Email: rleonard@aqmd.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3090419		Phone Number (give area code): 909-396-2780	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Regional Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-0001 TITLE (Name of Program): Surveys, Studies, Investigations, Demonstrations and Special Purpose Activities		9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange and the non-desert areas of San Bernardino, L.A. and Riverside counties.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: S105 Air Pollution Control Program Support	
13. PROPOSED PROJECT Start Date: 10/1/2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25-49	
Ending Date: 09/30/14		b. Project 25-49	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 74,374 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12-24-13	
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	\$ 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	\$ 74,374 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Barry	Middle Name R.	
Last Name Wallerstein		Suffix D. Env.	
b. Title Executive Officer	c. Telephone Number (give area code) 909-396-2100		
d. Signature of Authorized Representative 	e. Date Signed 12-20-13		

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

RECEIVED

6. Date Received by State:

7. State Application Identifier:

DEC 31 2013

8. APPLICANT INFORMATION:

* a. Legal Name:

Water Replenishment District of Southern California

STATE CLEARING HOUSE

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

95-6006456

* c. Organizational DUNS:

076235431

d. Address:

* Street1:

4040 Paramount Boulevard

Street2:

* City:

Lakewood

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

90712

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:

Paul

Middle Name:

* Last Name:

F11

Suffix:

Title:

Senior Engineer

Organizational Affiliation:

* Telephone Number:

562-275-4251

Fax Number:

562-921-6101

* Email:

pfu@wrdd.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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:**

R14AS00002

* Title:

WaterSMART: Title XVI Water Reclamation and Reuse program Funding for Fiscal Year 2014

13. Competition Identification Number:

R14AS00002

Title:

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

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

Alamitos Barrier Recycled Water Project Expansion- Construction

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

Applicant Congressional Dist

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="8,805,500.00"/>
* b. Applicant	<input type="text" value="21,740,500.00"/>
* c. State	<input type="text" value="4,676,000.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="35,222,000.00"/>

* 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: