

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16 - 31, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

[]

*** Other (Specify):**

[]

RECEIVED
DEC 16 2014
STATE CLEARING HOUSE

*** 3. Date Received:**

12/15/2014

4. Applicant Identifier:

Wendt 15-243

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:**

Cal Poly Corporation

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

951648180

*** c. Organizational DUNS:**

0293262460000

d. Address:

*** Street1:**

One Grand Avenue

Street2:

[]

*** City:**

San Luis Obispo

County/Parish:

[]

*** State:**

CA: California

Province:

[]

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

934070830

e. Organizational Unit:

Department Name:

Center for Coastal Marine Sci.

Division Name:

College of Science and Math

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

Prefix:

[]

*** First Name:**

Susanne

Middle Name:

[]

*** Last Name:**

Gartner

Suffix:

[]

Title:

Analyst, Grants Development Office

Organizational Affiliation:

California Polytechnic State University, San Luis Obispo

*** Telephone Number:**

805-756-6271

Fax Number:

805-756-5466

*** Email:**

sgartner@calpoly.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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.427

CFDA Title:

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

*** 12. Funding Opportunity Number:**

NOAA-NMFS-FHQ-2015-2004246

* Title:

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

13. Competition Identification Number:

2505665

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Improving the Data Available for Stock Assessments and Management of West Coast Groundfish through Collaborative Research

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="390,559.00"/>
* b. Applicant	<input type="text" value="107,082.00"/>
* 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="497,641.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____	RECEIVED DEC 16 2014
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* 3. Date Received: 12/16/2014	4. Applicant Identifier: Dept. of Food and Agriculture	STATE CLEARING HOUSE
--	--	-----------------------------

5a. Federal Entity Identifier: 15-8506-1317-CA	5b. Federal Award Identifier: _____
--	---

State Use Only:

6. Date Received by State: 11/20/2014	7. State Application Identifier: 14-0518-FR
--	--

8. APPLICANT INFORMATION:

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

d. Address:

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

e. Organizational Unit:

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

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

Prefix: _____	* First Name: Jason
Middle Name: _____	
* Last Name: Chan	
Suffix: _____	
Title: _____	
Organizational Affiliation: California Department of Food and Agriculture	
* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555
* Email: jason.chan@cdfa.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

NA

* Title:

NA

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

European Grapevine Moth

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,251,094.00"/>
* 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="1,251,094.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

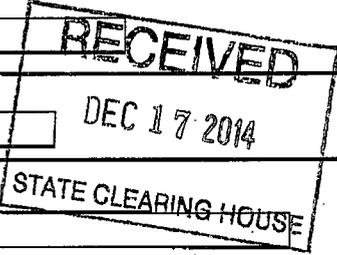
* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Concentrate Reduction Facility



5a. Federal Entity Identifier:

U. S. Bureau of Reclamation

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Inland Empire Utilities Agency

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

95-6004609

* c. Organizational DUNS:

043656206

d. Address:

* Street1:

6075 Kimball Ave

Street2:

* City:

Chino

County:

San Bernardino

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91708-9174

e. Organizational Unit:

Department Name:

Accounting&Fiscal Management

Division Name:

Grants Administration

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

Prefix:

Mr.

* First Name:

JASON

Middle Name:

H.

* Last Name:

GU

Suffix:

Title:

Grants Officer

Organizational Affiliation:

staff

* Telephone Number:

909-993-1636

Fax Number:

(909) 993-1986

* Email:

jgu@ieua.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:**

R15AS00009

*** Title:**

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

13. Competition Identification Number:

Title:

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

City of Chino, City of Chino Hills, City of Ontario, City of Norco
Unincorporated Riverside County near community of Jurupa, San Bernardino County, Riverside County,
California

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

Brine Concentrate Reduction Facility Project, Part of the Lower Chino Dairy Area Desalination
Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-44

* b. Program/Project CA-35

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

List of Congressional Districts

17. Proposed Project:

* a. Start Date: 01/01/2010

* b. End Date: 02/31/2016

18. Estimated Funding (\$):

* a. Federal	4,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	54,270,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	58,270,000.00

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: J.
 Middle Name: Joseph
 * Last Name: Grindstaff
 Suffix:

* Title: General Manager

* Telephone Number: 909-993-1600 Fax Number: 909-993-1985

* Email: jgrindstaff@ieua.org

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

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

Application for Federal Assistance SF-424

Version 02

*** 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.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

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

RECEIVED
DEC 17 2014
STATE CLEARING HOUSE

7. APPLICANT INFORMATION:

* a. Legal Name: COMMUNITY CAREER DEVELOPMENT, INC.	* c. Organizational DUNS: 8346590700000
* b. Employer/Taxpayer Identification Number (EIN/TIN): 23-7209115	

d. Address:	
* Street1: 3550 WILSHIRE BLVD., SUITE 500	Street2: <input type="text"/>
* City: LOS ANGELES	County: LOS ANGELES
* State: CA: California	Province: <input type="text"/>
* Country: USA: UNITED STATES	* Zip / Postal Code: 90010

e. Organizational Unit:	
Department Name: <input type="text"/>	Division Name: <input type="text"/>

f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: Ms.	* First Name: GLORIA	Middle Name: <input type="text"/>
* Last Name: MOORE	Suffix: <input type="text"/>	
Title: EXECUTIVE DIRECTOR		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 213-805-4273	Fax Number: 213-388-4932	
* Email: GMOORE@COMMUNITYCAREER.ORG		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

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

* Other (specify):

b. Additional Description:

WORKFORCE DEVELOPMENT AGENCY

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:

The service area is Los Angeles County and encompassing 88 incorporated cities including the City of LA. Although the City of LA, Compton, Palmdale, and San Fernando are the primary target areas, applicants could come from any city within LA County.

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

CA-033

b. Program/Project:

CA-033

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

04/01/2015

b. End Date:

03/31/2017

14. ESTIMATED FUNDING:

* a. Federal (\$):

450,000.00

b. Match (\$):

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

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

12/17/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

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

Yes No

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

** I Agree

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

Authorized Representative:

Prefix:

Ms.

* First Name:

GLORIA

Middle Name:

* Last Name:

MOORE

Suffix:

* Title:

EXECUTIVE DIRECTOR

Organizational Affiliation:

* Telephone Number:

213-805-4273

* Fax Number:

213-388-4932

* Email:

GMOORE@COMMUNITYCAREER.ORG

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

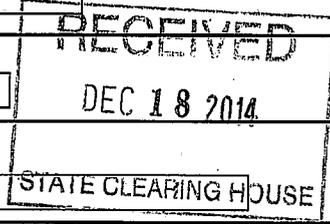
*** If Revision, select appropriate letter(s):**

*** 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:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

City of Sanger

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

94-6000425

*** c. Organizational DUNS:**

0845169700000

d. Address:

*** Street1:**

1700 7th Street

Street2:

*** City:**

Sanger

County:

Fresno

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93656

e. Organizational Unit:

Department Name:

Public Works

Division Name:

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

Prefix:

Mr

*** First Name:**

John

Middle Name:

*** Last Name:**

Mulligan

Suffix:

Title:

Director of Public Works

Organizational Affiliation:

*** Telephone Number:**

559-876-6300

Fax Number:

*** Email:**

jmulligan@ci.sanger.ca.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

WaterSMART (Sustaining and Manage America's Resources for Tomorrow)

*** 12. Funding Opportunity Number:**

R15AS00002

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2015

13. Competition Identification Number:

Title:

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

City of Sanger, Fresno County, State of California

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

Sanger Conjunctive Use Intertie Project

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="80,000.00"/>
* b. Applicant	<input type="text" value="80,000.00"/>
* 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="160,000.00"/>

*** 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:

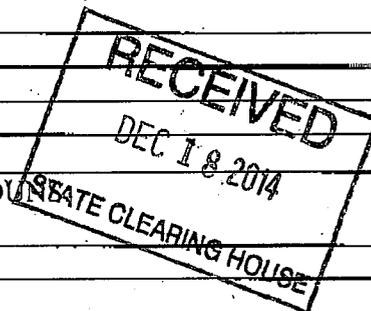
* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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 checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*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: Chapman University					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1643992			*c. Organizational DU 072528433		
d. Address:					
*Street1: One University Dr.					
Street 2:					
*City: Orange					
County: Orange					
*State: CA					
Province:					
Country: USA			*Zip/ Postal Code: 92866-1005		
e. Organizational Unit:					
Department Name: Food Science Program			Division Name: Schmid College of Science & Technology		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		First Name: Yolanda			
Middle Name:					
*Last Name: Uzzell					
Suffix:					
Title: Director					
Organizational Affiliation: Office of Research & Sponsored Programs Administration					
*Telephone Number: 714-628-2805			Fax Number: 714-628-7374		
*Email: orspa@chapman.edu					



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: O. Private 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-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: 15-8130-0486-CA

*Title: Plant Protection and Quarantine (PPQ) - Agriculture Quarantine Inspection (AQI)

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

Effect of phytosanitary irradiation on the quality and shelf-life of citrus fruit

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-046

*a. Applicant
CA-046*b. Program/Project:
CA-046

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

17. Proposed Project:

*a. Start Date: 11/08/14

*b. End Date: 11/07/15

18. Estimated Funding (\$):

*a. Federal \$102,573.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$102,573.00

***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 12/18/14
- 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: Harold

Middle Name:

*Last Name: Hewitt

Suffix: Jr.

*Title: Executive VP & COO

*Telephone Number: 714-997-6717

Fax Number: 714-997-6791

*Email: orspa@chapman.edu

*Signature of Authorized Representative:

Date Signed: 12/17/14

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: Completed by Grants.gov upon submission. 3. Applicant Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 4a. Federal Entity Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 4b. Federal Award Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation		STATE USE ONLY: 5. Date Received by State: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 6. State Application Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
7. APPLICANT INFORMATION:					
* a. Legal Name: Santa Clara Valley Transportation Authority (VTA)		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">DEC 18 2014</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2186907				* c. Organizational DUNS: 0922028370000	
d. Address:					
* Street1: 3331 North First Street		Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
* City: San Jose		County: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
* State: CA: California		Province: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
* Country: USA: UNITED STATES		* Zip / Postal Code: 95134-1906			
e. Organizational Unit:					
Department Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Division Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: Mr.	* First Name: Mike	Middle Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
* Last Name: Tasosa		Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Title: Senior Transportation Planner					
Organizational Affiliation: Santa Clara Valley Transportation Authority (VTA)					
* Telephone Number: (408) 321-5752		Fax Number: (408) 955-9765			
* Email: mike.tasosa@vta.org					

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

D: Special District Government

*** Other (specify):**

b. Additional Description:

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:

Santa Clara County

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

17

b. Program/Project:

17

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

07/01/2015

b. End Date:

06/30/2017

14. ESTIMATED FUNDING:

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

200,000.00

b. Match (\$):

200,000.00

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

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

12/18/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes No

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

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

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

*** Other (Specify):**

*** 3. Date Received:**

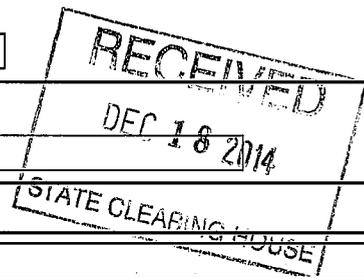
4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

15-8506-1636-CA

5b. Federal Award Identifier:



State Use Only:

6. Date Received by State: 12/04/2014

7. State Application Identifier: 14-0510-FR

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

68-0325104

*** c. Organizational DUNS:**

8074876650000

d. Address:

* Street1: 1220 N Street, Room 315

Street2:

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: Food and Agriculture

Division Name: Plant Health/Pest Prev Svcs

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

Prefix: * First Name: Jason

Middle Name:

* Last Name: Chan

Suffix:

Title:

Organizational Affiliation: California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

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

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

NA

* Title:

NA

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Integrated Control of the Olive Fly in California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="32,845.00"/>
* 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="32,845.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
--	---

3. Date Received:	4. Applicant Identifier: 1162-1551	RECEIVED
--------------------------	--	-----------------

5a. Federal Entity Identifier:	*5b. Federal Award Identifier: DEC 19 2014
---------------------------------------	--

State Use Only: STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

*a. Legal Name: MicroBio Engineering, Inc.	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 27-0524479	*c. Organizational DUNS: 611654141

d. Address:

*Street 1:	<u>PO Box 15821</u>
Street 2:	_____
*City:	<u>San Luis Obispo</u>
County:	_____
*State:	<u>California</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>93406</u>

e. Organizational Unit:

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

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

Prefix:	<u>Mr.</u>	*First Name:	<u>Ian</u>
Middle Name:	_____		
*Last Name:	<u>Woertz</u>		
Suffix:	_____		
Title:	<u>M.S., P.E.</u>		
Organizational Affiliation:	<u>MicroBio Engineering, Inc.</u>		
*Telephone Number:	<u>805 242 3876</u>	Fax Number:	<u>N/A</u>
*Email:	<u>ianwoertz@microbioengineering.com</u>		

Application for Federal Assistance SF-424

Version 02

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

R. Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

***12 Funding Opportunity Number:**

DE-FOA-0001162

*Title:

TARGETED ALGAL BIOFUELS AND BIOPRODUCTS (TABB)

13. Competition Identification Number:

Title:

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

City of San Luis Obispo, San Luis Obispo County, CA

City of Livermore, Alameda County, CA

City of Richland, Benton County, WA

City of Portola Valley, San Mateo County, CA

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

Algae Fuels, Bioproducts and Clean Water Consortium (AFBW)

The proposed project will demonstrate the production of biofuels and bioproducts from algal biomass co-produced during

wastewater treatment. The process uses conventional paddle wheel mixed, CO2 supplied, raceway ponds; the algae are harvested by settling or micro filtration, followed by further thickening. The biomass is processed to extract oils, by fermentation to bioproducts and/or by hydrothermal liquefaction.

Research will be conducted at the existing algae ponds at the San Luis Obispo Algae Field Station inside the San Luis Obispo Water Resource Recycling Facility, in California.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-024

*b. Program/Project: CA-024

17. Proposed Project:

*a. Start Date: 9/1/2015

*b. End Date: 8/30/2019

18. Estimated Funding (\$):

*a. Federal	a. \$6,875,124
*b. Applicant	b. \$920,000
*c. State	c. \$0
*d. Local	d. \$74,364
*e. Other	e. \$808,208
*f. Program Income	f. \$0
*g. TOTAL	g. 8,677,697

***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 12/19/14
- 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: Jan

Middle Name: _____

*Last Name: Woertz

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

3. Date Received:

4. Applicant Identifier:
1162-1535

RECEIVED

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

DEC 19 2014

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: MicroBio Engineering, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
27-0524479

*c. Organizational DUNS:
611654141

RECEIVED

DEC 19 2014

STATE CLEARING HOUSE

d. Address:

*Street 1: PO Box 15821
Street 2: _____
*City: San Luis Obispo
County: _____
*State: California
Province: _____
*Country: USA
*Zip / Postal Code: 93406

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr. *First Name: Ian
Middle Name: _____
*Last Name: Woertz
Suffix: _____

Title: M.S., P.E.

Organizational Affiliation:
MicroBio Engineering, Inc.

*Telephone Number: 805 242 3876

Fax Number: N/A

*Email: ianwoertz@microbioengineering.com

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-024

*b. Program/Project: CA-024, WA-6, WA-4

17. Proposed Project:

*a. Start Date: July 1, 2015

*b. End Date: June 30, 2018

18. Estimated Funding (\$):

*a. Federal	a. \$974,036
*b. Applicant	b. \$188,001
*c. State	c. \$0
*d. Local	d. \$0
*e. Other	
*f. Program Income	e. \$72306
*g. TOTAL	f. \$0
	g. \$1,234,343

***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 12/18/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Ian

Middle Name: _____

*Last Name: Woertz

Suffix: _____

*Title: COO

*Telephone Number: 805-242-3540

Fax Number:

* Email: ianwoertz@microbioengineering.com

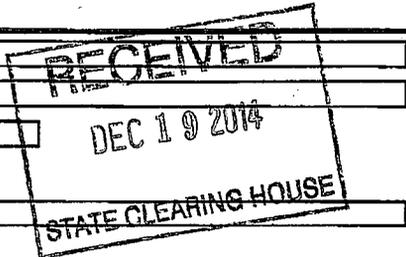
*Signature of Authorized Representative:



Digitally signed by Ian Woertz
DN: cn=Ian Woertz, o=ou,
email=ianwoertz@microbioengineering.com, c=US
Date: 2014.12.18 17:01:40 -08'00'

*Date Signed: 12/18/201

Application for Federal Assistance SF-424		
* 1. Type of Submission: m Preapplication l Application m Changed/Corrected Application	* 2. Type of Application: l New m Continuation m 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: University Enterprises, Inc. on behalf of CSU Sacramento		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
041337638	029031796	
d. Address:		
* Street1:	6000 J Street	
Street2:		
* City:	Sacramento	
County:	Sacramento	
* State:	CA: California	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95819-6111	
e. Organizational Unit:		
Department Name:	Division Name:	
Geology	NSM	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	David
Middle Name:		
* Last Name:	Shimabukuro	
Suffix:	Ph.D.	
Title:	Assistant Professor	
Organizational Affiliation:		
California State University, Sacramento		
* Telephone Number:	Fax Number:	9162784650
* Telephone Number:	9162786382	
* Email:	dhs@csus.edu	



Application for Federal Assistance SF-424	
9. Type of Applicant 1: Select Applicant Type:	
<input checked="" type="checkbox"/> Other (specify)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
CSU Sacramento auxiliary org	
* 10. Name of Federal Agency:	
Geological Survey	
11. Catalog of Federal Domestic Assistance Number:	
15.808	
CFDA Title:	
U.S. Geological Survey, Research and Data Collection	
* 12. Funding Opportunity Number:	
G15AS00003	
* Title:	
USGS Non-Competitive Assistance FY 2015 - Sacramento Acquisition Branch	
13. Competition Identification Number:	
G15AS00003	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Cooperative Research Project on Connectivity Between Zones Set Aside for the Disposal of Oil and Gas Wastes and Broader Aquifer Systems	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input type="text" value="CA-006"/>	* b. Program/Project <input type="text" value="CA-006"/>
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date: <input type="text" value="01/01/2015"/>	* b. End Date: <input type="text" value="12/31/2015"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="91,563.00"/>
* 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="91,563.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="12/19/2014"/> . <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation and attach.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	
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: <input type="text" value="Mr"/>	* First Name: <input type="text" value="David"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Earwicker"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Assistant Vice President"/>	
* Telephone Number: <input type="text" value="916-278-3669"/>	Fax Number: <input type="text" value="916-278-6163"/>
* Email: <input type="text" value="david.earwicker@csus.edu"/>	
* Signature of Authorized Representative: <input type="text" value="David Earwicker"/>	* Date Signed: <input type="text"/>

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: _____
--	--

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

RECEIVED
DEC 19 2014
STATE CLEARING HOUSE

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: 0471200840000

d. Address:

* Street1:	1850 RESEARCH PARK DRIVE
Street2:	SUITE 300
* City:	DAVIS
County/Parish:	YOLO
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95618-6153

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:	DEBORAH
Middle Name:	_____		
* Last Name:	GOLINO		
Suffix:	_____		

Title: PRINCIPAL INVESTIGATOR / DIRECTOR FPS	
Organizational Affiliation: FOUNDATION PLANT SERVICES, UNIVERISTY OF CALIFORNIA, DAVIS	
* Telephone Number: 530-754-8102	Fax Number: 530-752-2132
* Email: DAGOLINO@UCDAVIS.EDU	

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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-10092014-001

* Title:

National Clean Plant Network Request for Applications

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:**

THE FOUNDATION PLANT SERVICES CLEAN PLANT SPECIALITY CROP PROGRAM AT THE UNIVERSITY OF CALIFORNIA, DAVIS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,042,307.00"/>
* 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="1,042,307.00"/>

*** 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:

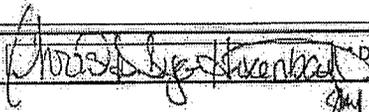
Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

7. APPLICANT INFORMATION:

* a. Legal Name: San Diego Metropolitan Transit System		RECEIVED DEC 22 2014
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3041463	* c. Organizational DUNS: 153682703	
d. Address:		STATE CLEARING HOUSE
* Street1: 1255 Imperial Avenue, Suite 1000	Street2: <input type="text"/>	
* City: San Diego	County: <input type="text"/>	
* State: CA: California	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 92101-7490	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <input type="text"/>	* First Name: Gordon	Middle Name: <input type="text"/>
* Last Name: Meyer	Suffix: <input type="text"/>	
Title: Capital Grants Analyst		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 619-595-1014	Fax Number: 619-230-6720	
* Email: gordon.meyer@sdmts.com		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

E: Regional Organization

*** Other (specify):**

b. Additional Description:

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:

CA-049, CA-050, CA-051, CA-052, CA-053

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-053

b. Program/Project:

CA-053

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

MTS Service Area Map.pdf

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

05/01/2015

b. End Date:

12/30/2016

14. ESTIMATED FUNDING:

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

600,000.00

b. Match (\$):

600,000.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 12/18/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes No [Explanation](#)

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

** I Agree

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

Authorized Representative:

Prefix:

Mr.

* First Name:

Paul

Middle Name:

* Last Name:

Jablonski

Suffix:

* Title:

Chief Executive Officer

Organizational Affiliation:

* Telephone Number:

619-557-4583

* Fax Number:

619-234-3172

* Email:

paul.jablonski@sdmts.com

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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

*3. Date Received:	4. Application Identifier:	RECEIVED DEC 22 2014 STATE CLEARING HOUSE
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California, on behalf of its Riverside campus	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142	*c. Organizational DUNS: 62-779-7426

d. Address:

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

e. Organizational Unit:

Department Name: 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: First Name: Robert
 Middle Name:
 *Last Name: Chan
 Suffix:

Title: Sr. Contract & Grant Officer

Organizational Affiliation:

*Telephone Number: (951) 827-7986	Fax Number: (951) 827-4483
*Email: rchan@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:

S. Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA, APHIS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

10.025

*12. Funding Opportunity Number: MAC-RFP-2014

*Title: Huanglongbing (HLB) Multi-Agency Coordination (MAC)

13. Competition Identification Number:

Title:

Huanglongbing (HLB) Multi-Agency Coordination (MAC)

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

*15. Descriptive Title of Applicant's Project:

Release and Establishment in California of Diaphorencyrtus aligarhensis, a Parasitoid of Asian Citrus Psyllid Sourced from Punjab Pakistan

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:

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

17. Proposed Project:

*a. Start Date: 01/01/2015

*b. End Date: 12/31/2016

18. Estimated Funding (\$):

*a. Federal

\$330,563.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

\$330,563.00

***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 12/22/2014

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

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

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

Yes

No

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

**I AGREE

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

Authorized Representative:

Prefix:

*First Name: Robert

Middle Name:

*Last Name: Chan

Suffix:

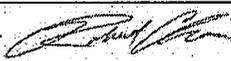
*Title: Sr. Contract & Grant Officer

*Telephone Number: (951) 827-7986

Fax Number: (951) 827-4483

*Email: rchan@ucr.edu

*Signature of Authorized Representative:



Date Signed: 12/22/2014

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		[]	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		• Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		[]	
* 3. Date Received:		4. Applicant Identifier:			
Completed by Grants.gov upon submission.		City of Guadalupe		RECEIVED DEC 22 2014 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: City of Guadalupe					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
95-6000716			137572322		
d. Address:					
• Street 1: 918 Obispo Street					
Street 2: []					
* City: Guadalupe					
County/Parish: []					
* State: California					
Province: []					
* Country: USA: UNITED STATES					
• Zip / Postal Code: 93434					
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: Andrew			
Middle Name:		[]			
• Last Name:		Carter			
Suffix:		[]			
Title: City Administrator					
Organizational Affiliation:					
[]					
* Telephone Number:		Fax Number:			
(805) 356-3891		[]			
* Email: Acarter@ci.guadalupe.ca.us					

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Municipality

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA

11. Catalog of Federal Domestic Assistance Number:

PART 1778

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

City of Guadalupe, California

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Tognazzini Well, 5th Street Well, Obispo Well, and Waterline Intertie Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

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

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

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

Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

** I AGREE

Andrew Carter 12/17/14

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

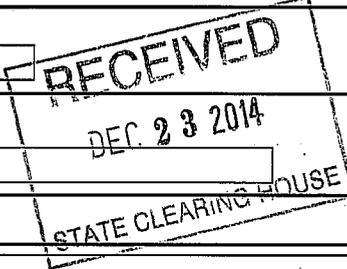
* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: 12/23/2014	4. Applicant Identifier: _____
--	--



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

State Use Only:

6. Date Received by State: 12/23/2014	7. State Application Identifier: _____
--	---

8. APPLICANT INFORMATION:

* a. Legal Name: Long Beach Public Transportation Company (Long Beach Transit)	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1086275	* c. Organizational DUNS: 0501251940000

d. Address:

* Street1:	1963 E. Anaheim St.
Street2:	_____
* City:	Long Beach
County/Parish:	Los Angeles
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90813-3907

e. Organizational Unit:

Department Name: Finance	Division Name: Grant Administration
------------------------------------	---

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

Prefix: _____	* First Name: Kana
Middle Name: _____	
* Last Name: Sato	
Suffix: _____	
Title: Grants Administrator	
Organizational Affiliation: Employee	
* Telephone Number: 562-599-8577	Fax Number: _____
* Email: ksato@lbtransit.com	

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):
Non-profit corporation

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:
Section 5307 Bus and Bus Facilities

*** 12. Funding Opportunity Number:**

N/A

* Title:
N/A

13. Competition Identification Number:

N/A

Title:
N/A

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

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

The Long Beach Transit requests FY2015 section 5307 capital grant funds for Bus replacement, Bus/Associated capitals, Bus stop enhancements, Capitalization of preventive maintenance and training.

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="14,120,741.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="90,824.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="14,211,565.00"/>

*** 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:

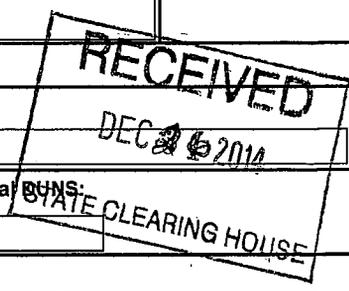
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12-23-14	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Pre-application		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>DEC 24 2014</p> <p>STATE CLEARING HOUSE</p> </div>		
<input type="checkbox"/> Construction				
<input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name: South Coast Air Quality Management District				
Organizational DUNS: 953099419		Organizational Unit: Department:		
Address: Street: 21865 Copley Dr.		Division:		
City: Diamond Bar, CA		Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Los Angeles		Prefix:		
State: CA		First Name: Mary		
Zip Code: 91785		Middle Name		
Country: USA		Last Name: Leonard		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3099419		Suffix:		
7. TYPE OF APPLICANT: (See back of form for Application Types)		Email: mleonard@aqmd.gov		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Phone Number (give area code): 909-396-2780		
(If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Fax Number (give area code): 909-396-2765		
Other (specify)		9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 68-001		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: S105 Air Pollution Control Program Support		
TITLE (Name of Program): Surveys, Studies, Investigations, Demonstrations and Special Purpose Activities		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 25-49 b. Project: 25-49		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange and the non-desert areas of San Bernardino, L.A. and Riverside counties.		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/24/14 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
13. PROPOSED PROJECT Start Date: 10/1/2014 Ending Date: 09/30/15		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
15. ESTIMATED FUNDING: a. Federal \$ 110,482 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 110,482		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. Suffix: D. Env.		
Last Name: Wallerstein		c. Telephone Number (give area code): 909-396-2100		
b. Title: Executive Officer		e. Date Signed: 12-19-14		
d. Signature of Authorized Representative: <i>Barry Wallerstein</i>				

Previous Edition Usable
Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input style="width:100%;" type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input style="width:100%;" type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.	STATE USE ONLY:		
		3. Applicant Identifier: <input style="width:100%;" type="text"/>	5. Date Received by State: <input style="width:100%;" type="text"/>		
		4a. Federal Entity Identifier: <input style="width:100%;" type="text"/>	6. State Application Identifier: <input style="width:100%;" type="text"/>		
		4b. Federal Award Identifier: <input style="width:100%;" type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation					
7. APPLICANT INFORMATION:					
* a. Legal Name: <input style="width:100%;" type="text" value="Los Angeles County Metropolitan Transportation Authority"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input style="width:100%;" type="text" value="95-4401975"/>		* c. Organizational BUS: <input style="width:100%;" type="text" value="044055523"/>			
d. Address:					
* Street1: <input style="width:100%;" type="text" value="One Gateway Plaza"/>		Street2: <input style="width:100%;" type="text"/>			
* City: <input style="width:100%;" type="text" value="Los Angeles"/>		County: <input style="width:100%;" type="text"/>			
* State: <input style="width:100%;" type="text" value="CA: California"/>		Province: <input style="width:100%;" type="text"/>			
* Country: <input style="width:100%;" type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code: <input style="width:100%;" type="text" value="90012"/>			
e. Organizational Unit:					
Department Name: <input style="width:100%;" type="text"/>		Division Name: <input style="width:100%;" type="text"/>			
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: <input style="width:100%;" type="text"/>	* First Name: <input style="width:100%;" type="text" value="Ashad"/>		Middle Name: <input style="width:100%;" type="text"/>		
* Last Name: <input style="width:100%;" type="text" value="Hamideh"/>		Suffix: <input style="width:100%;" type="text"/>			
Title: <input style="width:100%;" type="text"/>					
Organizational Affiliation: <input style="width:100%;" type="text"/>					
* Telephone Number: <input style="width:100%;" type="text" value="213-922-4299"/>		Fax Number: <input style="width:100%;" type="text"/>			
* Email: <input style="width:100%;" type="text" value="hamideha@metro.net"/>					



APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency/Transit Operator

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-037

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

06/23/2015

b. End Date:

06/22/2017

14. ESTIMATED FUNDING:

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

669,348.00

b. Match (\$):

818,092.00

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

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

12/22/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes No

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

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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

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

d. Address:

* Street1: 601 Norman Firestone Road
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: Airport Director

Organizational Affiliation:
Employee

* Telephone Number: (805) 967-7111 Fax Number: (805) 968-1380

* 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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Santa Barbara, City of Goleta, County of Santa Barbara, University of California, Santa Barbara

* 15. Descriptive Title of Applicant's Project:

Airfield Lighting and Safety Project

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: 06/01/2015

*b. End Date: 12/31/2016

18. Estimated Funding (\$):

*a. Federal	3,051,480.00
*b. Applicant	314,370.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	3,365,850.00

***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 12/18/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: *First Name: Hazel

Middle Name:

*Last Name: Johns

Suffix:

*Title: Airport Director

*Telephone Number: (805) 967-7111

Fax Number: (805) 964-1380

* Email: HJohns@SantaBarbaraCA.gov

*Signature of Authorized Representative:



*Date Signed:

12/22/14

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	_____
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input checked="" type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____
* 3. Date Received:	4. Applicant Identifier:	
Completed by Grants.gov upon submission.	_____	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>DEC 30 2014</p> <p>STATE CLEARING HOUSE</p> </div>
_____	_____	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
_____	_____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Maxwell Public Utility District		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
64-6000890	01-5903685	
d. Address:		
* Street 1:	54 N. San Francisco St.	
Street 2:	_____	
* City:	Maxwell	
County/Parish:	Colusa	
* State:	CA	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95955	
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:	_____
Mr.	David	_____
Middle Name:	_____	
* Last Name:	Wadsworth	
Suffix:	_____	
Title:	General Manager	
Organizational Affiliation:		
_____	_____	
* Telephone Number:	Fax Number:	_____
(530) 438-2505	(530) 438-2902	_____
* Email: maxpud@frontiernet.net		

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

G - Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA - RUS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Maxwell, CA

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Replacing failed drinking water well.

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	Third
* b. Program/Project	
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	
17. Proposed Project:	
* a. Start Date:	04-01-2015
* b. End Date:	10-01-2015
18. Estimated Funding (\$):	
* a. Federal	\$1,382,871.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$1,382,871.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 12-31-2014.	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes, provide explanation and attach.	
<input type="text"/> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative: <i>David Wadsworth</i>	
Prefix:	Mr.
* First Name:	David
Middle Name:	
* Last Name:	Wadsworth
Suffix:	
* Title:	General Manager
* Telephone Number:	(530) 438-2505
Fax Number:	(530) 438-2902
* Email:	maxpud@frontiernet.net
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

OMB Number: 4040-0004
Expiration Date: 02/31/2018**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application	* If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	- Select One -
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input checked="" type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
* 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: County of San Luis Obispo			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000939		* c. Organizational DUNS: 965095599	
d. Address:			
* Street 1: 903-5 Airport Drive			
Street 2:			
* City: San Luis Obispo			
County: San Luis Obispo			
* State: CA			
Province:			
Country: United States		* Zip/ Postal Code: 93401	
e. Organizational Unit:			
Department Name:		Division Name:	
Department of Airports			
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Kevin	
Middle Name: R.			
* Last Name: Bumen			
Suffix: C.A.E.			
Title: Director of Airports			
Organizational Affiliation:			
* Telephone Number: (805) 781-5955		Fax Number: (805) 781-5985	
* Email: kbumen@co.slo.ca.us			

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Application for Federal Assistance SF-424

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

San Luis Obispo County

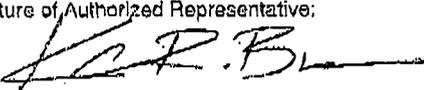
* 15. Descriptive Title of Applicant's Project:

New Terminal

(See attached summary description of project.)

Attach supporting documents as specified in agency instructions.

OMB Number: 1010-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-023	*b. Program/Project: CA-023
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 07/01/2015	*b. End Date: 12/31/2016
18. Estimated Funding (\$):	
*a. Federal	22,758,886.00
*b. Applicant	7,580,240.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	30,339,126.00
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>12/30/14</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Kevin
Middle Name: R.	
*Last Name: Bumen	
Suffix: C.A.E.	
*Title: Director of Airports	
*Telephone Number: (805) 781-5955	Fax Number: (805) 781-5985
*Email: kbumen@co.slo.ca.us	
*Signature of Authorized Representative: 	*Date Signed: 12/30/2014