

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1 - 15, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Rancho California Water District"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="952415751"/>	* c. Organizational DUNS: <input type="text" value="053836235"/>	
d. Address:		
* Street1: <input type="text" value="42135 Winchester Road"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Temecula"/>	County: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="92590"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Planning Department"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Denise"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Landstedt"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="Senior Water Resources Planner"/>		
Organizational Affiliation: <input type="text" value="Rancho California Water District"/>		
* Telephone Number: <input type="text" value="951-296-6916"/>	Fax Number: <input type="text" value="951-296-6860"/>	
* Email: <input type="text" value="landstedtd@ranchowater.com"/>		

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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 - Lower Colorado Region

11. Catalog of Federal Domestic Assistance Number:

15.530

CFDA Title:

Water Conservation Field Services Program (WCFSP)

* 12. Funding Opportunity Number:

R13SF35001

* Title:

Water Conservation Field Services Program Southern California Area Office

13. Competition Identification Number:

R13SF35001

Title:

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

City of Temecula, portions of the city of Murrieta, and unincorporated area of southwest Riverside County, California

* 15. Descriptive Title of Applicant's Project:

Blueprint for Water Use Efficiency: A Plan for Water Conservation and Efficiency

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-049	* b. Program/Project CA-049
Attach an additional list of Program/Project Congressional Districts if needed.		
RCWD Congressional Districts	Add Attachment	Delete Attachment View Attachment
17. Proposed Project:		
* a. Start Date:	10/01/2013	* b. End Date: 10/01/2015
18. Estimated Funding (\$):		
* a. Federal	54,680.70	
* b. Applicant	66,831.97	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	121,512.67	
* 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	01/31/2013
<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	Explanation
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties..(U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/>	** I AGREE	
** 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: Richard
Middle Name:		
* Last Name:	Williamson	
Suffix:		
* Title:	Assistant General Manager	
* Telephone Number:	951-296-6900	Fax Number: 951-296-6860
* Email:	williamsonr@ranchowater.com	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision
		* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 2/1/13		4. Applicant Identifier: Department of Food and Agriculture
5a. Federal Entity Identifier: USDA-APHIS-PPQ		* 5b. Federal Award Identifier: 13-8506-1005-CA
RECEIVED		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665	
d. Address:		
* Street1:	3294 Meadowview Road	
Street2:	_____	
* City:	Sacramento	
County:	_____	
* State:	California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95832	
e. Organizational Unit:		
Department Name: Food and Agriculture	Division Name: Plant Health and Pest Prevention Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: Victoria	
Middle Name:	_____	
* Last Name:	Hornbaker	
Suffix:	_____	
Title: Program Supervisor		
Organizational Affiliation: _____		
* Telephone Number: 916-262-1132	Fax Number: 916-262-2020	
* Email: victoria.hornbaker@cdfa.ca.gov		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control & Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

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

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA; 3rd

* b. Program/Project CA=22nd, 51st/AZ=4th

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

17. Proposed Project:

* a. Start Date: 10/1/12

* b. End Date: 9/30/13

18. Estimated Funding (\$):

* a. Federal 152,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 152,000

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

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

2/4/13

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Federal Funds Manager

* Telephone Number: 916-403-6533

Fax Number:

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

* Signature of Authorized Representative:

Crystal Myers

* Date Signed:

2/4/2013

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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: Rancho Estates Mutual Water Company		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1887782	* c. Organizational DUNS: _____	
d. Address:		
* Street1: P.O. Box 1025	Street2: _____	
* City: Pauma Valley	County: San Diego	
* State: CA	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 92061	
e. Organizational Unit:		
Department Name: N/A	Division Name: N/A	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: JAMES	
Middle Name: F.	_____	
* Last Name: OWENS	_____	
Suffix: P.E.	_____	
Title: ENGINEER		
Organizational Affiliation: CONSULTING ENGINEER		
* Telephone Number: 858-385-0500	Fax Number: 858-385-0400	
* Email: james.owens@nvs.com		

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Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

X. Mutual Water Company

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Service area of Rancho Estates Mutual Water Company.

* 15. Descriptive Title of Applicant's Project:

2013 Water System Improvements

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 50

* b. Program/Project 50

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

17. Proposed Project:

* a. Start Date: 3/2013

* b. End Date: 3/2015

18. Estimated Funding (\$):

* a. Federal 2555000

* b. Applicant

* c. State 1712000

* d. Local

* e. Other

* f. Program Income 0

* g. TOTAL 4267000

* 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 2/2013

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: AI

Middle Name:

* Last Name: Savard

Suffix:

* Title:

Board President

* Telephone Number:

Fax Number:

* Email:

ALFRED.S7@ATT.NET

* Signature of Authorized Representative:

Alfred Savard

* Date Signed:

1-31-2013

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. Application Identifier:			
5a. Federal Entity Identifier: TVL - 3-06-0249-		* 5b. Federal Award Identifier:			
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: City of South Lake Tahoe					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1610868			* c. Organizational DUNS: 09-5883476		
d. Address:					
* Street1: 1901 Airport Road, Suite 100 Street 2:					
* City: South Lake Tahoe County: El Dorado * State: California Province: Country: USA					
* Zip/ Postal Code: 96150					
e. Organizational Unit:					
Department Name: Department of Public Works			Division Name: Lake Tahoe Airport		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: Sherry			
Middle Name:					
* Last Name: Miller					
Suffix:					
Title: Airport Manager					
Organizational Affiliation: Lake Tahoe Airport					
* Telephone Number: 530-542-6182			Fax Number: 530-544-6366		
* Email: smiller@cityofslt.us					

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Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

South Lake Tahoe; El Dorado County; Douglas County, Nevada

* 15. Descriptive Title of Applicant's Project:

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Wildlife Hazard Management Plan

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004, NV-002

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2013

* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$108,000.00
*b. Applicant	\$6,600.00
*c. State	\$5,400.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$120,000.00

***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 1-31-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Sherry

Middle Name:

*Last Name: Miller

Suffix:

*Title: Airport Manager

*Telephone Number: 530-542-6182

Fax Number: 530-544-6366

*Email: smiller@cityofslt.us

*Signature of Authorized Representative: *Sherry Miller*

Date Signed: 1-31-2013

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Hopland Band of Pomo Indians		Organizational Unit: Department: Education Department	
Organizational DUNS: 14-415-1008		Division:	
Address: Street: 3000 Shanel Rd		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Elizabeth	
City: Hopland		Middle Name	
County: Mendocino		Last Name Howe	
State: CA	Zip Code 95449	Suffix:	
Country: United States		Email: ehowe@hoplandtribe.com	

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 4 9 3 0 6 3	Phone Number (give area code) 707-472-2100 EXT 1303	Fax Number (give area code) 707-744-1506
--	--	---

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) K. Indian Tribe Other (specify)
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hopland Child Care Equipment Grant
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hopland, CA; Mendocino County California	9. NAME OF FEDERAL AGENCY: USDA
--	---

13. PROPOSED PROJECT Start Date: 2-01-13 Ending Date: 9-30-13	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-01 b. Project
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 22,500 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 1-28-13
b. Applicant \$ 7,500 ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ ⁰⁰	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
f. Program Income \$ ⁰⁰	
g. TOTAL \$ 30,000 ⁰⁰	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name Shawn	Middle Name
Last Name Padi	Suffix	
b. Title Tribal Chairman	c. Telephone Number (give area code) 707-472-2100	
d. Signature of Authorized Representative	e. Date Signed 1-28-13	

Reset Form

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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: _____		
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
8. APPLICANT INFORMATION:					
* a. Legal Name: The Camptonville Academy, Inc.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3353799			* c. Organizational DUNS: 01-673-5883		
d. Address:					
* Street 1: 619 9th St., Suite D					
Street 2: _____					
* City: Marysville					
County/Parish: _____					
* State: California					
Province: _____					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 95901					
e. Organizational Unit:					
Department Name: N/A			Division Name: N/A		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		* First Name: Chris			
Middle Name: _____					
* Last Name: Mahurin					
Suffix: _____					
Title: School Director					
Organizational Affiliation: The Camptonville Academy, Inc.					
* Telephone Number: (530) 742-2786			Fax Number: (530) 742-6067		
* Email: cmahurin@coretca.org					

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FEB 06 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

New

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

California Public Charter School

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Grant (USDA Rural Development)

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

City of Marysville & Yuba County

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Development of a community educational resource center. Specific needs include computer lab furniture and equipment, science lab furniture, classroom audio/video equipment, private branch exchange computerized phone system, and sola-tubes.

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="\$30,000.00"/>
* b. Applicant	<input type="text" value="\$70,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="\$10,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$110,000.00"/>

* 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

If "Yes, provide explanation and attach.

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

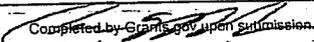
Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

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

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 20130889Husak
---	--

State Use Only:

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

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006145W	* c. Organizational DUNS: 0948783940000
--	--

RECEIVED

d. Address:

* Street1:	3227 Cheadle Hall, Office of Research
* Street2:	UC Santa Barbara
* City:	Santa Barbara
* County/Parish:	_____
* State:	CA: California
* Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93106-2050

FEB 06 2013

STATE CLEARING HOUSE

e. Organizational Unit:

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

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

Prefix: Dr.	* First Name: Greg
Middle Name: _____	_____
* Last Name: Husak	_____
Suffix: _____	_____

Title: Principal Investigator and Asst. Researcher

Organizational Affiliation:

* Telephone Number: 805-893-4355	Fax Number: 805-893-2578
* Email: husak@geog.ucsb.edu	_____

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

U. S. 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:**

G13AS00001

*** Title:**

USGS Non-Competitive Assistance FY 2013 - National Grants Branch

13. Competition Identification Number:

G13AS00001

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Monitoring and Forecasting Climate, Water and Land Use for Food Production in the Developing World

Attach supporting documents as specified in agency instructions.

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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="797,109.00"/>
* 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="797,109.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

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

RECEIVED

FEB 11 2013

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Mettler Valley Mutual Water Company

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

95-3891899

*** c. Organizational DUNS:**

061580101

d. Address:

*** Street1:**

28115 W. Avenue C-6

Street2:

*** City:**

Lancaster

County:

Los Angeles

*** State:**

CA

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93536

e. Organizational Unit:

Department Name:

N/A

Division Name:

N/A

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

Prefix:

*** First Name:**

James

Middle Name:

Francis

*** Last Name:**

Owens

Suffix:

P.E.

Title:

Engineer

Organizational Affiliation:

Consulting Engineer

*** Telephone Number:**

805-656-6074

Fax Number:

805-650-6264

*** Email:**

james.owens@nv5.com

GENERAL

1000 11/11/11 11:11 AM

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

X - Mutual Water Company

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.770

CFDA Title:

Water and Waste Disposal Loan and Grant Program

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Service area of Mettler Valley Mutual Water Company, with possible inclusion of West Valley County Water District if consolidation or interconnection materializes.

* 15. Descriptive Title of Applicant's Project:

2014 Water System Improvements

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 25

* b. Program/Project 25

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

17. Proposed Project:

* a. Start Date: 4/2013

* b. End Date: 4/2015

18. Estimated Funding (\$):

* a. Federal 1575000

* b. Applicant

* c. State 1732900

* d. Local

* e. Other

* f. Program Income 0

* g. TOTAL 3307900

* 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 2/2013

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Sandra

* Last Name: Miloszar

Suffix:

* Title: President

* Telephone Number: 661-623-6744 Fax Number:

* Email: SMILOSZAR@GMAIL.COM

* Signature of Authorized Representative: *Sandra Miloszar* * Date Signed: 2/5/13

THE UNIVERSITY OF MICHIGAN LIBRARY
1000 S. ZEEB ROAD
ANN ARBOR, MICHIGAN 48106-1000
(734) 763-1000

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:		
RECEIVED FEB 11 2013 STATE CLEARING HOUSE					
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Access Services					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4489711			*c. Organizational DUNS: 883300121		
d. Address:					
*Street1: 3449 Santa Anita Ave.					
Street 2:					
*City: El Monte					
County: Los Angeles, CA					
*State: California					
Province:					
Country: USA			*Zip/ Postal Code: 91734-1728		
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: Gilbert			
Middle Name:					
*Last Name: Garza					
Suffix:					
Title: Grants Analyst					
Organizational Affiliation:					
Access Services					
*Telephone Number: 213-270-6000			Fax Number: 213-270-6048		
*Email: garza@accessla.org					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: E. Regional Organization

Type of Applicant 2: Select Applicant Type:

M. Nonprofit

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

FTA

11. Catalog of Federal Domestic Assistance Number:

20513

CFDA Title:

Section 5310 STPL-R

*12. Funding Opportunity Number:

*Title: Section 5310 STPL-R

13. Competition Identification Number:

Title:

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

Los Angeles County

*15. Descriptive Title of Applicant's Project:

Purchased Transportation Services

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 23,25-30,32-35,37-40,43-44,47

*b. Program/Project: 23,25-30,32-35,37-40,43-44,47

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

17. Proposed Project:

*a. Start Date: 7/1/2013

*b. End Date: 6/30/2014

18. Estimated Funding (\$):

*a. Federal \$59,400,000.00

*b. Applicant

*c. State

*d. Local \$7,695,900.00

*e. Other

*f. Program Income

*g. TOTAL \$67,095,900.00

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

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

Middle Name:

*Last Name: Garza

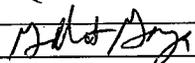
Suffix:

*Title: Grants Analyst

*Telephone Number: 213-270-6000

Fax Number: 213-270-6048

*Email: garza@accessla.org

*Signature of Authorized Representative: 

Date Signed: 2/11/2013

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:		4. Application Identifier:			
5a. Federal Entity Identifier: VIS - 3-06-0271-			* 5b. Federal Award Identifier:		
RECEIVED					
State Use Only:			7. State Application Identifier:		
6. Date Received by State:			FEB 11 2013		
8. APPLICANT INFORMATION:					
* a. Legal Name: City of Visalia					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000449			*c. Organizational DUNS: STATE CLEARING HOUSE 169-200011		
d. Address:					
* Street1: 707 West Acequia Street 2: * City: Visalia County: Tulare * State: California Province: Country: USA *Zip/ Postal Code: 93291					
e. Organizational Unit:					
Department Name: Airports			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Mario			
Middle Name:					
* Last Name: Cifuentez					
Suffix: II					
Title: Airport Manager					
Organizational Affiliation: City of Visalia, Visalia Municipal Airport					
* Telephone Number: 559-713-4201 Fax Number: 559-713-4827					
* Email: mcifuentez@ci.visalia.ca.us					

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 Visalia, County of Tulare, California

* 15. Descriptive Title of Applicant's Project:

Visalia Municipal Airport, Visalia, Tulare County, California: Crack Repair and Seal Cracks - West Cargo Apron, Hangar H1 Rows 3-7, Hangar H2 Rows 4-9; Reseal Joints in Existing Pavements - Apron A1. Reconstruct Apron A2

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-021

* a. Applicant CA-021

* b. Program/Project: CA-021

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

17. Proposed Project:

* a. Start Date: 2013

* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$1,223,100.00
*b. Applicant	\$135,900.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$1,359,000.00

***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 1-21-2013
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Mario

Middle Name:

*Last Name: Cifuentez

Suffix: II

*Title: Airport Manager, Visalia Municipal Airport

*Telephone Number: 559-713-4201

Fax Number: 559-713-4827

*Email: mcifuentez@ci.visalia.ca.us

*Signature of Authorized Representative: 

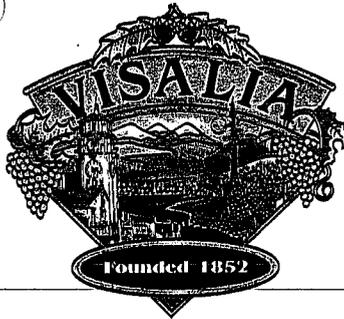
Date Signed: 1/25/13

Application for Federal Assistance SF-424

***Applicant Federal Debt Delinquency Explanation**

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

City of Visalia



Airport

9501 Airport Dr., Visalia, CA 93277

(559) 713-4201 Fax (559) 713-4827

January 25, 2013

RECEIVED

FEB 11 2013

State Clearinghouse
Office of Planning and Research
P.O Box 3044
Sacramento, CA 95812-3044

STATE CLEARING HOUSE

Dear Sir or Madam:

Enclosed please find, for your records, a copy of the completed Application for Federal Assistance, for the 2013 Airport Improvement Program at the Visalia Municipal Airport.

Should you have any questions regarding this application, please feel free to contact me at (559) 713-4201.

Sincerely,

A handwritten signature in black ink, appearing to read "Mario Cifuentes, II".

Mario Cifuentes, II
Airport Manager

Enclosure



RECYCLED PAPER

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	RECEIVED FEB 12 2013
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: California Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 680303606	* c. Organizational DUNS: 1720708070000	
d. Address:		
* Street1: North Coast Redwoods District	<input type="text"/>	
Street2: PO Box 2006	<input type="text"/>	
* City: Eureka	<input type="text"/>	
County/Parish: Humboldt	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 95502-2006	<input type="text"/>	
e. Organizational Unit:		
Department Name: Parks and Recreation	Division Name: Northern	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Patrick	<input type="text"/>
Middle Name: Robison	<input type="text"/>	
* Last Name: Vaughan	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: Engineering Geologist	<input type="text"/>	
Organizational Affiliation: North Coast Redwoods District		
* Telephone Number: 707 445-6547, ext. 24	Fax Number: 707 441-5737	
* Email: Patrick.Vaughan@parks.ca.gov		

RECEIVED

STATE OF CALIFORNIA

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:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2013-2003587

* Title:

FY 2013 Coastal and Marine Habitat Restoration Project Grants

13. Competition Identification Number:

2409024

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Benbow Dam Removal

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,485,372.00"/>
* b. Applicant	<input type="text" value="129,354.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="42,745.00"/>
* e. Other	<input type="text" value="8,461.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,665,932.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 02/13/2013	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only: 6. Date Received by State: <input type="text"/>		
7. State Application Identifier: <input type="text"/>		
8. APPLICANT INFORMATION:		
* a. Legal Name: Santa Barbara County Flood Control & Water Conservation Dist		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956002833	* c. Organizational DUNS: 0107186580000	
d. Address: * Street1: 130 East Victoria Street, Suite 200 Street2: <input type="text"/> * City: Santa Barbara County/Parish: <input type="text"/> * State: CA: California Province: <input type="text"/> * Country: USA: UNITED STATES * Zip / Postal Code: 93101-2109		
e. Organizational Unit: Department Name: Public Works Division Name: Water Resources		
f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. * First Name: Karen Middle Name: <input type="text"/> * Last Name: Sullivan Suffix: <input type="text"/> Title: Civil Engineer Organizational Affiliation: <input type="text"/> * Telephone Number: 805-568-3458 Fax Number: 805-568-3434 * Email: ksullivan@cosbpw.net		

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 FEB 13 2013
 STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2013-2003587

*** Title:**

FY 2013 Coastal and Marine Habitat Restoration Project Grants

13. Competition Identification Number:

2409024

Title:

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

Add Attachment

View Attachment

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

Lillingston Canyon Debris Basin Modification Project Phases 3 and 4--Restoring endangered steelhead trout habitat by the removal of an in-stream migration barrier.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachment

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input type="text" value="CA-023"/>	b. Program/Project <input type="text" value="CA-023"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Upload Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="08/01/2013"/>	* b. End Date: <input type="text" value="10/31/2014"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="155,920.00"/>
* b. Applicant	<input type="text" value="336,293.51"/>
* c. State	<input type="text" value="33,308.75"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="48,900.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="574,422.26"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="02/13/2013"/>	
<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 in attachment.)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Upload Attachment"/> <input type="button" value="View Attachment"/>
<p>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)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Jon"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Frye"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Engineering Manager"/>	
* Telephone Number: <input type="text" value="805-568-3440"/>	Fax Number: <input type="text" value="805-568-3434"/>
* Email: <input type="text" value="jfrye@cosbpw.net"/>	
* Signature of Authorized Representative: <input type="text" value="Jon Frye"/>	* Date Signed: <input type="text" value="02/13/2013"/>

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: _____
---	--

State Use Only:

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

RECEIVED

8. APPLICANT INFORMATION:

FEB 13 2013

* a. Legal Name: The Nature Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>53-0242652</u>	* c. Organizational DUNS: <u>0726566300000</u>
--	---

STATE CLEARING HOUSE

d. Address:

* Street1:	<u>201 Mission Street</u>
Street2:	<u>4th Floor</u>
* City:	<u>San Francisco</u>
County/Parish:	<u>San Francisco</u>
* State:	<u>CA: California</u>
Province:	_____
* Country:	<u>USA: UNITED STATES</u>
* Zip / Postal Code:	<u>94105-1831</u>

e. Organizational Unit:

Department Name: <u>NCCR Region</u>	Division Name: <u>CA Chapter</u>
--	-------------------------------------

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

Prefix: <u>Mr.</u>	* First Name: <u>Daniel</u>
Middle Name: <u>Jonathan-Ralph</u>	
* Last Name: <u>Porter</u>	
Suffix: _____	

Title: North Coast Regional Ecologist

Organizational Affiliation:
The Nature Conservancy

* Telephone Number: <u>(415) 281-0418</u>	Fax Number: <u>(415) 777-0244</u>
---	-----------------------------------

* Email: dporter@tnc.org

HYPERBOLA

3.2.4.1

36-01-011 3/01/1979

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2013-2003587

* Title:

FY 2013 Coastal and Marine Habitat Restoration Project Grants

13. Competition Identification Number:

2409024

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Saving the Southern Salmonids: Comprehensive Estuary and Floodplain Restoration for California's Ten Mile River.

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="1,298,000.00"/>
* b. Applicant	<input type="text" value="308,893.00"/>
* c. State	<input type="text" value="1,800,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,406,893.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

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

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

6a. Federal Entity Identifier:	6b. Federal Award Identifier:
--------------------------------	-------------------------------

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FEB 15 2013

State Use Only:

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

STATE CLEARING HOUSE

6. APPLICANT INFORMATION:

* a. Legal Name: Mendocino County Resource Conservation District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0060208	* c. Organizational DUNS: 1411341740000	

d. Address:

* Street1:	206 Mason St.
Street2:	Suite F
* City:	Ukiah
County/Parish:	Mendocino
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95462-4494

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: Shelley
Middle Name:	
* Last Name: Janek	
Suffix:	
Title:	Russian River Watershed Coordinator
Organizational Affiliation:	

* Telephone Number: 707-462-3664	Fax Number: 707-462-5549
----------------------------------	--------------------------

* Email: shelley.janek@mcrsd.org

Application for Federal Assistance SF-424

*** 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:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCFO-2013-2003587

* Title:

FY 2013 Coastal and Marine Habitat Restoration Project Grants

13. Competition Identification Number:

2409024

Title:

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

Areas Affected by Project.pdf



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

McNab Creek Fish Passage & Riparian Restoration Project

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: CA-001	* b. Program/Project: CA-001
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date: 10/01/2013	* b. End Date: 12/31/2013
18. Estimated Funding (\$):	
* a. Federal	393,568.00
* b. Applicant	60,210.00
* c. State	3,315.00
* d. Local	1,200.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	458,293.00
* 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 02/15/2013.	
<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 in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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 21B, Section 1004)	
<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: <input type="text"/>	* First Name: Janet
Middle Name: <input type="text"/>	
* Last Name: Olave	
Suffix: <input type="text"/>	
* Title: Executive Director	
* Telephone Number: 707-462-3664	Fax Number: 707-462-3549
* Email: janet.olave@mcrcd.org	
* Signature of Authorized Representative: Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.



2/15/2013

From: Shelley Janek
Phone: 707-462-3664

Fax:
Company Name: Mendocino County Resource Conservation District

To: State Clearinghouse
Phone:
Fax: 916-323-3018
Company Name: State Clearinghouse

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FEB 15 2013

STATE CLEARING HOUSE

Comments:

Attached is Federal grant application Standard Form 424, subject for review.

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

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:

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: Colusa Indian Community Council

*b. Employer/Taxpayer Identification Number (EIN/TIN):
68-0259444

*c. Organizational DUNS:
626839039

d. Address:

*Street 1: 3730 Hwy 45
Street 2: _____
*City: Colusa
County: Colusa
*State: CA
Province: _____
*Country: _____
*Zip / Postal Code: 95932

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STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:
Hand-In-Hand

Division Name:
Hand-In-Hand

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

Prefix: _____ *First Name: Elizabeth
Middle Name: _____
*Last Name: Howe
Suffix: _____

Title: Grant Writer

Organizational Affiliation:

*Telephone Number: 530-458-8231

Fax Number:

*Email: ehowe@colusa-nsn.gov

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NOV 14 1964
U.S. AIR FORCE

Application for Federal Assistance SF-424

Version 02

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

I. Indian/Native Am Tribal Govn.(Fed. Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

United States Department of Agricultural

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.):

Colusa County, California

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

Colusa Indian Community Council Child Care Equipment Grant

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-002

*b. Program/Project: CA-002

17. Proposed Project:

*a. Start Date: 3/1/13

*b. End Date: 9/30/13

18. Estimated Funding (\$):

*a. Federal	37,500.00
*b. Applicant	12500
*c. State	0.00
*d. Local	0.00
*e. Other	0.00
*f. Program Income	0.00
*g. TOTAL	50,000.00

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 2-11-13
- 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:

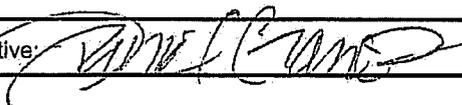
Prefix: _____ *First Name: Daniel
Middle Name: _____
*Last Name: Gomez
Suffix: _____

*Title: Tribal Chairman

*Telephone Number: 530.458.8231

Fax Number: 530.458.4186

* Email: cicc@colusa-nsn.gov

*Signature of Authorized Representative: 

*Date Signed: 2-11-13

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

[Empty text area for explanation]

