

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1 - 15, 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

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier N/A
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01757

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Lacher	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: Jean.Lacher@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-46814		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Department of Parks and Recreation Mendocino Woodlands State Park-Wastewater Rehabilitation Little Lake Road Mendocino, CA 95469	

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2017		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 02	
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15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,150,538.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/03/2014	
b. Applicant	\$ 2,000,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 150,538.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 4,301,076.00		

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 Ms.	First Name Jean	Middle Name	
Last Name Lacher		Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 651-8597		e. Date Signed
d. Signature of Authorized Representative <i>Jean A. Lacher</i>			

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

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	
<input 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.		
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
	RECEIVED	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
	FEB 08 2014	
B. APPLICANT INFORMATION: STATE CLEARING HOUSE		
* a. Legal Name: Shasta CSD		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
94-1568980	009445586	
d. Address:		
* Street 1:	PO Box 2520	
* Street 2:		
* City:	Shasta	
* County/Parish:		
* State:	CA	
* Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	96097	
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:	Chris
Middle Name:		
* Last Name:	Keeper	
Suffix:		
Title:	General Manager	
Organizational Affiliation:		
* Telephone Number:	(530) 241-6264	Fax Number:
* Email:	scsdkeeper@att.net	

Application for Federal Assistance SF-424		
9. Type of Applicant 1 - Select Applicant Type:		
<input type="text" value="G Special District"/>		
Type of Applicant 2- Select Applicant Type:		
<input type="text"/>		
Type of Applicant 3- Select Applicant Type:		
<input type="text"/>		
* Other (specify):		
<input type="text"/>		
* 10. Name of Federal Agency:		
<input type="text" value="USDA RD"/>		
11. Catalog of Federal Domestic Assistance Number:		
<input type="text"/>	<input type="text" value="Water Source Infrastructure Addition"/>	
CFDA Title:		
<input type="text"/>		
* 12. Funding Opportunity Number:		
<input type="text"/>		
* Title:		
<input type="text"/>		
13. Competition Identification Number:		
<input type="text"/>		
Title:		
<input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
<input type="text" value="SCSD, Shasta County, CA"/>	<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>
<input type="button" value="View Attachments"/>		
* 15. Descriptive Title of Applicant's Project:		
<input type="text" value="City of Redding Inter-Tie Project to ensure adequate water supply when normal conveyance is interrupted by state or federal mandates"/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input type="text" value="2"/>	* b. Program/Project <input type="text" value="2"/>
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: <input type="text" value="6-1-14"/>	* b. End Date: <input type="text" value="12-31-14"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="600,000"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="600,000"/> <input type="text" value="50.00"/>
* 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 <input type="text" value="2-3-14"/>	
<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 210, Section 1001)	
<input checked="" type="checkbox"/> I AGREE <i>U: 14</i>	
** 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: <input type="text" value="Chris"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Koeper"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="General Manager"/>	
* Telephone Number: <input type="text" value="530-241-6264"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="scsd.koeper@att.net"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424

* 1. Type of Submission:
 Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:
 New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
FEB 03 2014

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: _____

8. APPLICANT INFORMATION:

* a. Legal Name: Center Water Company Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):
95-2587098

* c. Organizational DUNS:
0991625000000

d. Address:

* Street1: 32774 Old Woman Springs Rd.
Street2: PO Box 616
* City: Lucerne Valley
County/Parish: San Bernardino
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92356

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: James
Middle Name: F.
* Last Name: Owens
Suffix: P.E.

Title: Consulting Engineer

Organizational Affiliation:
NV5, Consulting Engineer for Center Water Company, Inc.

* Telephone Number: 858-385-0500 x 187 Fax Number: 858-385-0400

* Email: james.owens@nv5.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):
Mutual Water Company

*** 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.):

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

2015 USDA Water System Improvements

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

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

3. Date Received:	4. Applicant Identifier: FEB 04 2014
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier: STATE CLEARINGHOUSE
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

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

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

d. Address:

*Street 1: 200 University Office Building
Street 2: _____
*City: Riverside
County: _____
*State: CA: California
Province: _____
*Country: USA: United States
*Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name: CE-CERT	Division Name: BCOE
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f. Name and contact information of person to be contacted on matters involving this application:

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

Title: Principal Contract and Grant Officer

Organizational Affiliation:
Research & Economic Development

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

*Email: ursula.prins@ucr.edu

Application for Federal Assistance SF-424

Version 02

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

S. Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

H. Public/State Controlled Institution of Higher Education

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-0000826

*Title:

Hydrogen Production Research and Development

13. Competition Identification Number:

Title:

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

Riverside, CA

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

Hydrogen Production through Integration of Production of Sugars and their Derivatives with Catalytic Reforming in a Hybrid Circulating Fluidized Bed Reactor

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-041

*b. Program/Project:

17. Proposed Project:

*a. Start Date: 07/01/2014

*b. End Date: 06/30/2017

18. Estimated Funding (\$):

*a. Federal	_____	1,190,226
*b. Applicant	_____	318,586
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	1,508,812

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 01/31/2014
- 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

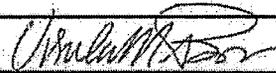
Authorized Representative:

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

*Title: Principal Contract and Grant Officer

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

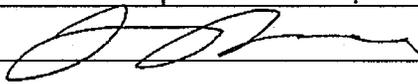
* Email: ursula.prins@ucr.edu

*Signature of Authorized Representative: 

*Date Signed: 1/31/2014

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

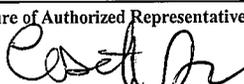
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 4, 2014	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Norwalk		Organizational Unit: Norwalk Transit System	
Address (give city, county, State, and zip code): 12650 E. Imperial Highway Norwalk, CA 90650		Name and telephone number of person to be contacted on matters involving this application (give area code): Sudesh Paul (562) 929-5660	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6005882 STATE CLEARING HOUSE		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ <div style="text-align: right;"><input checked="" type="checkbox"/> C</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA - Region IX)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507 TITLE: Bus and Bus Facilities Formula Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FTA Grant # CA-90-Z115 FTA Section 5307 UZA Formula Capital Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Norwalk			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/13	Ending Date 6/30/16	a. Applicant 39	b. Project 39
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,703,069 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 01/29/14	
b. Applicant	\$ ⁰⁰	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	
c. State	\$ 112,559 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 325,767 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 2,141,395 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. Type Name of Authorized Representative James C. Parker		b. Title Director of Transportation	c. Telephone Number (562) 929-5533
d. Signature of Authorized Representative 		e. Date Signed 2/4/2014	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 02/04/2014	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Program Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) James Allen (213) 922-2556	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter(s) in box) STATE CLEARING HOUSE	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Urbanized Area Formula Program - Capital Assistance, CA-95-X214-01	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 9/30/13	Ending Date 6/30/16	a. Applicant Districts 37	b. Project Same as Applicant

15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
a Federal	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>01/28/14</u>	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No
b Applicant	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local		
e Other		
f Program Income		
g TOTAL		

	\$ 11,528,000.00	\$.00	\$.00	\$ 2,968,000.00	\$.00	\$.00	\$ 14,496,000.00
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative COSETTE STARK	b Title Deputy Executive Officer	c Telephone number (213) 922-2822
d. Signature of Authorized Representative 	e. Date Signed 02/04/2014	2/4/2014

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 07 2011

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State Water Resources Control Board

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

68-0281986

*** c. Organizational DUNS:**

808321913

d. Address:

*** Street1:**

1001 I Street

Street2:

*** City:**

Sacramento

County:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95812-0100

e. Organizational Unit:

Department Name:

State Water Resources Control Board

Division Name:

Division of Financial Assistance

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

Prefix:

Mr.

*** First Name:**

James

Middle Name:

*** Last Name:**

Maughan

Suffix:

Title:

Assistant Deputy Director

Organizational Affiliation:

State Water Resources Control Board - Division of Financial Assistance

*** Telephone Number:**

(916) 341-5694

Fax Number:

(916) 341-5707

*** Email:**

jmaughan@waterboards.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:**

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.458

CFDA Title:

Capitalization Grants for Clean Water State Revolving Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California (all counties)

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

Providing loans and other forms of assistance for the construction of wastewater treatment facilities, the implementation of a non-point source management program, and development and implementation of estuary conservation and management plans.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-6

* b. Program/Project California - All

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

17. Proposed Project:

* a. Start Date: 7/01/2014

* b. End Date: 6/30/2024

18. Estimated Funding (\$):

* a. Federal 133,425,000
* b. Applicant 26,685,000
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 160,110,000

*** 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 2/7/2014
 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.) Applicant Federal Debt Delinquency Explanation**

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Thomas
Middle Name:
* Last Name: Howard
Suffix:

* Title: Executive Director

* Telephone Number: (916) 341-5615 Fax Number: (916) 341-5621

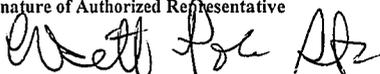
* Email: thoward@waterboards.ca.gov

* Signature of Authorized Representative: * Date Signed: 2/12/2014

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 02/06/14	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Grants Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N STATE CLEARING HOUSE A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Urbanized Area Formula Program – Capital Assistance, CA-90-Z054-01	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 7/6/11	Ending Date 12/31/15	a. Applicant Districts 25 – 39, 42 and 46	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 4,764,192.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>2/7/14</u> 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	
b Applicant	\$.00		
c State	\$.00		
d Local	\$ 1,191,048.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 5,955,240.00		

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

a Typed Name of Authorized Representative COSETTE POLENA STARK	b Title Deputy Executive Officer	c Telephone number (213) 922-2822
d. Signature of Authorized Representative 	e. Date Signed 2-6-14	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application: <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: City of Crescent City		Organizational Unit: Department: Police Department	
Organizational DUNS: 605803301		Division:	
Address: Street: 377 J Street		Name and telephone number of person to be contacted on matters involving this application (give area code):	
City: Crescent City		Prefix: Mr	First Name: Eric
County: Del Norte		Middle Name: Victor	
State: CA	Zip Code: 95531	Last Name: Taylor	
Country: US		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000552		Phone Number (give area code): 707-464-9506 ext 236	Fax Number (give area code): 707-465-4405
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es). (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): USDA Rural Development Community Facilities Grant Program		9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Crescent City & Del Norte County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of a New Patrol Car	
13. PROPOSED PROJECT Start Date: July 1, 2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd	
Ending Date:		b. Project 2nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 25,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 17,065.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	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.	
g. TOTAL	\$ 42,000.00	a. Authorized Representative	
		Prefix: Mr	First Name: Eugene
		Middle Name:	
		Last Name: Palazzo	
		Suffix:	
		b. Title: City Manager	
		c. Telephone Number (give area code): 707-464-9506 ext 232	
		d. Signature of Authorized Representative: <i>Eugene Palazzo</i>	
		e. Date Signed: <i>12/6/13</i>	

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Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

RECEIVED

*** 3. Date Received:**

2/6/14

4. Applicant Identifier:

Department of Food and Agriculture

FEB 11 2014

5a. Federal Entity Identifier:

USDA-APHIS-PPQ

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

14-8506-1005-CA

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):
68-0325104

* c. Organizational DUNS:
807487665

d. Address:

* Street1: 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: Dr. * First Name: Patrick
Middle Name:
* Last Name: Akers
Suffix:

Title: Acting Branch Chief

Organizational Affiliation:

* Telephone Number: 916-262-1102 Fax Number: 916-262-2020

* Email: patrick.akers@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: 10/22/13

* b. End Date: 9/30/14

18. Estimated Funding (\$):

* a. Federal 316,000
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 316,000

*** 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 2/10/14
- 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.) 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: 2/11/14