

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1 - 15, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <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: _____	
Governor's Office of Planning & Research FEB 01 2016 STATE CLEARINGHOUSE		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Humboldt State University Sponsored Programs Foundation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6050071	* c. Organizational DUNS: 0143020740000	
d. Address:		
* Street1: 1 Harpst Street	_____	
Street2:	_____	
* City: Arcata	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95521-8299	_____	
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: Erika	_____
Middle Name:	_____	
* Last Name: Wright	_____	
Suffix:	_____	
Title: _____		
Organizational Affiliation: _____		
* Telephone Number: 707-826-5166	Fax Number: 707-826-4783	
* Email: Erika.Wright@humboldt.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:
[Empty field]

Type of Applicant 3: Select Applicant Type:
[Empty field]

* Other (specify):
[Empty field]

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.506

CFDA Title:
Water Desalination Research and Development Program

*** 12. Funding Opportunity Number:**

R16-FOA-DO-009

* Title:
Desalination and Water Purification Research and Development (DWPR) Fiscal Year 2016 Research

13. Competition Identification Number:

R16-FOA-DO-009

Title:
[Empty field]

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

[Empty field]

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

Osmotic Dilution for Low Energy Desalination

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="149,808.00"/>
* 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="149,808.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____	
* 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: Humboldt State University Sponsored Programs Foundation Governor's Office of Planning & Research	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6050071	* c. Organizational DUNS: 0143020740000
FEB 01 2016	
d. Address: STATE CLEARINGHOUSE	
* Street1:	1 Harpst Street
Street2:	_____
* City:	Arcata
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95521-8299
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: Erika
Middle Name: _____	
* Last Name: Wright	
Suffix: _____	
Title: _____	
Organizational Affiliation: _____	
* Telephone Number: 707-826-5166	Fax Number: 707-826-4783
* Email: Erika.wright@humboldt.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:**

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.506

CFDA Title:

Water Desalination Research and Development Program

*** 12. Funding Opportunity Number:**

R16-FOA-DO-009

* Title:

Desalination and Water Purification Research and Development (DWPR) Fiscal Year 2016 Research

13. Competition Identification Number:

R16-FOA-DO-009

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Osmotic Dilution for Low Energy Desalination

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="149,808.00"/>
* 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="149,808.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
 Yes No
If "Yes", provide explanation and attach

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

Authorized Representative:
Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:
* Title:
* Telephone Number: Fax Number:
* Email:
* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: 1400-1596
----------------------------------------------------	----------------------------------------------

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: DE-FOA-0001400 <i>Governor's Office of Planning & Research</i>
---------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

State Use Only:	FEB 02 2016
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/> STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Enphase Energy, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 204645388	* c. Organizational DUNS: 780825530
-----------------------------------------------------------------------------	-----------------------------------------------

d. Address:

* Street1: 1420 North McDowell Blvd.
Street2: 2
* City: Petaluma
County: Sonoma
* State: California
Province:
* Country: United States of America
* Zip / Postal Code: 94954

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
-------------------------------------------------	-----------------------------------------------

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

Prefix: Dr.	* First Name: Philip
Middle Name:	
* Last Name: Farese	
Suffix: Ph.D.	
Title: Vice President Strategy	
Organizational Affiliation:	
* Telephone Number: (707) 763-4784	Fax Number:
* Email: pfarese@enphase.com	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

8 1 0 8 7

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0001400

* Title:

SUNSHOT TECHNOLOGY TO MARKET (INCUBATOR ROUND 11, SOLARMAT ROUND 4)

13. Competition Identification Number:

Title:

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

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

Low-cost residential microinverter

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="5,000,000.00"/>
* b. Applicant	<input type="text" value="6,994,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="11,994,000.00"/>

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

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

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

Yes No If "Yes", provide explanation and attach.

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4000-0004
Expiration Date: 03/31/2016

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: 02/03/2016	4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: Governor's Office of Planning & Research
FEB 03 2016	
6. Date Received by State: <input type="text"/>	7. State Application Identifier: STATE CLEARINGHOUSE
8. APPLICANT INFORMATION:	
* a. Legal Name: Ducks Unlimited, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 13-5643799	* c. Organizational DUNS: 0134626970000
d. Address:	
* Street1:	3074 Gold Canal Drive
* Street2:	<input type="text"/>
* City:	Rancho Cordova
* County/Parish:	<input type="text"/>
* State:	CA: California
* Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95670-6116
e. Organizational Unit:	
Department Name: Western Regional Office	Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms.	* First Name: Virginia
Middle Name: Kay	<input type="text"/>
* Last Name: Getz	<input type="text"/>
Suffix: <input type="text"/>	<input type="text"/>
Title: Manager of Conservation Programs	
Organizational Affiliation: Ducks Unlimited, Inc.	
* Telephone Number: (916) 852-2000	Fax Number: (916) 852-2200
* Email: vgetz@ducks.org	

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

US Fish and Wildlife Service: Sacramento NWRC

11. Catalog of Federal Domestic Assistance Number:

15.608

CFDA Title:

Fish and Wildlife Management Assistance

*** 12. Funding Opportunity Number:**

F16AS00066

*** Title:**

Llano Seco Ranch Water Conveyance Improvement Project

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Llano Seco Ranch Water Conveyance Improvement Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="25,000.00"/>
* b. Applicant	<input type="text" value="235,334.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="92,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="352,334.00"/>

*** 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 28, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

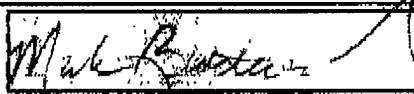
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
* 3. Date Received: 2/3/2016	4. Applicant Identifier: _____
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____ Governor's Office of Planning & Research
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____ FEB 03 2016 STATE CLEARINGHOUSE
8. APPLICANT INFORMATION:	
* a. Legal Name: SunSweep, LLC	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 47-4946101	* c. Organizational DUNS: 08-011-9414
d. Address:	
* Street1: 1102 N. Anita Ave	_____
Street2:	_____
* City: Tucson	_____
County:	_____
* State: Arizona	_____
Province:	_____
* Country: USA	_____
* Zip / Postal Code: 85705	_____
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: Michael
Middle Name: _____	
* Last Name: Muglia	_____
Suffix: _____	
Title: _____	
Organizational Affiliation: _____	
* Telephone Number: 520-261-8378	Fax Number: _____
* Email: michael.muglia@sunsweep.com	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Energy - SunShot

11. Catalog of Federal Domestic Assistance Number:

811 0817

CFDA Title:

* 12. Funding Opportunity Number:

DE-FOA-0001400

* Title:

SUNSHOT TECHNOLOGY TO MARKET (INCUBATOR ROUND 11, SOLARMAT ROUND 4)

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Development of a commercial solar panel cleaning device, known as the Z-Sweep.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$796,000"/>
* b. Applicant	<input type="text" value="\$199,000"/>
* c. State	<input type="text" value="0"/>
* d. Local	<input type="text" value="0"/>
* e. Other	<input type="text" value="0"/>
* f. Program Income	<input type="text" value="0"/>
* g. TOTAL	<input type="text" value="995,000"/>

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

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

- Yes
 - No
- If "Yes", provide explanation and attach.

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Application Identifier: Redding Municipal Airport (RDD)
---------------------	---------------------------------------------------------------

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: Office of Planning & Research FEB 05 2010
--------------------------------	------------------------------------------------------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Redding, California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000401	*c. Organizational DUNS: 07-378-0413
-----------------------------------------------------------------------	-----------------------------------------

d. Address:

* Street1: 777 Cypress Avenue
 Street 2:
 * City: Redding
 County: Shasta
 * State: California
 Province:
 Country: USA

*Zip/ Postal Code: 96001

e. Organizational Unit:

Department Name: Public Works	Division Name: Airports
----------------------------------	----------------------------

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

Prefix: Mr. First Name: Bryant
 Middle Name: W.
 * Last Name: Garrett
 Suffix:

Title: Airports Manager

Organizational Affiliation:
 City of Redding, California

* Telephone Number: (530) 224-4322 Fax Number: (530) 224-4318

* Email: bgarrett@ci.redding.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 (FAA)

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number: N/A

Title: N/A

13. Competition Identification Number: N/A

Title: N/A

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

Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California

* 15. Descriptive Title of Applicant's Project:

- 1.) West Tie-Down Apron Reconstruction
- 2.) T-Hangar Taxiway Reconstruction

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: #02

*b. Program/Project: #02

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

17. Proposed Project:

*a. Start Date: 04/01/2016

*b. End Date: 12/31/2017

18. Estimated Funding (\$):

*a. Federal	4,261,020.00
*b. Applicant	438,980.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	4,700,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 12/31/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Brian

Middle Name: W.

*Last Name: Crane

Suffix:

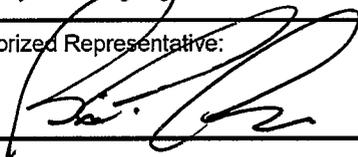
*Title: Director of Public Works

*Telephone Number: (530) 245-7155

Fax Number: (530) 245-7024

* Email: bcrane@cityofredding.org

*Signature of Authorized Representative:



*Date Signed:

2/1/16

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): E. Other (explain below) * Other (Specify) Revised to reflect "Based on Bids" costs.	
* 3. Date Received:		4. Application Identifier: Benton Airpark (O85)			
5a. Federal Entity Identifier:			* 5b. Federal Award Identifier: Governor's Office of Planning & Research		
State Use Only:				FEB 05 2016	
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:			STATE CLEARINGHOUSE		
* a. Legal Name: City of Redding, California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000401			*c. Organizational DUNS: 07-378-0413		
d. Address:					
* Street1: 777 Cypress Avenue Street 2: * City: Redding County: Shasta * State: California Province: Country: USA					
*Zip/ Postal Code: 96001					
e. Organizational Unit:					
Department Name: Public Works			Division Name: Airports		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Bryant			
Middle Name:					
* Last Name: Garrett					
Suffix:					
Title: Airports Manager					
Organizational Affiliation: City of Redding, California					
* Telephone Number: (530) 224-4322			Fax Number: (530) 224-4318		
* Email: bgarrett@ci.redding.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 (FAA)

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number: N/A

Title: N/A

13. Competition Identification Number: N/A

Title: N/A

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

Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California

* 15. Descriptive Title of Applicant's Project:

1. Install AWOS-II (Design Only)
2. Taxiway "B" Rehabilitation (Design Only)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

FEB 08 2016

STATE CLEARINGHOUSE

State Use Only:

Governor's Office of Planning & Research

6. Date Received by State:

7. State Application Identifier:

FEB 08 2016

8. APPLICANT INFORMATION:

*** a. Legal Name:**

The Regents of the University of California

STATE CLEARINGHOUSE

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

94-6036494

*** c. Organizational DUNS:**

0471200840000

d. Address:

*** Street1:**

1850 Research Park Dr.

Street2:

Suite 300

*** City:**

Davis

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95618-6153

e. Organizational Unit:

Department Name:

Office of Research

Division Name:

Sponsored Programs

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

Prefix:

Prof.

*** First Name:**

Christopher

Middle Name:

*** Last Name:**

Simmons

Suffix:

Title:

Assistant Professor

Organizational Affiliation:

Food Science and Technology

*** Telephone Number:**

530-752-2109

Fax Number:

*** Email:**

cwsimmons@ucdavis.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.506

CFDA Title:

Water Desalination Research and Development Program

*** 12. Funding Opportunity Number:**

R16-FOA-DO-009

* Title:

Desalination and Water Purification Research and Development (DWPR) Fiscal Year 2016 Research

13. Competition Identification Number:

R16-FOA-DO-009

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Assessment of municipal, agricultural, and food processing wastewater streams for powering microbial desalination cells

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="116,238.00"/>
* 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="116,238.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
<i>Governor's Office of Planning & Research</i> FEB 08 2010		
STATE CLEARINGHOUSE		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: National Water Research Institute		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0481107	* c. Organizational DUNS: 792932725000	
d. Address:		
* Street1: 18700 Ward Street	_____	
Street2:	_____	
* City: Fountain Valley	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 92708-6930	_____	
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: Jeffrey	_____
Middle Name: _____	_____	
* Last Name: Mosher	_____	
Suffix: _____	_____	
Title: _____		
Organizational Affiliation: _____		
* Telephone Number: 714-378-3278	Fax Number: _____	
* Email: jmosher@nwri-usa.org		

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.506

CFDA Title:

Water Desalination Research and Development Program

*** 12. Funding Opportunity Number:**

R16-FOA-DO-009

* Title:

Desalination and Water Purification Research and Development (DWPR) Fiscal Year 2016 Research

13. Competition Identification Number:

R16-FOA-DO-009

Title:

Desalination and Water Purification Research and Development (DWPR) Fiscal Year 2016 Research & Laboratory Studies

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

Add Attachment

Delete Attachment

View Attachment

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

Development of a Technology Validation Program Framework for Innovative and Advanced Water Treatment Technologies (Water TVP)

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="90,000.00"/>
* b. Applicant	<input type="text" value="90,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="180,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

02/08/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

Governor's Office of Planning & Research

6. Date Received by State:

7. State Application Identifier:

FEB 08 2016

8. APPLICANT INFORMATION:

* a. Legal Name:

The Regents of the University of California

STATE CLEARINGHOUSE

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

95-2226406

* c. Organizational DUNS:

0467058490000

d. Address:

* Street1:

Sponsored Projects

Street2:

5171 California Avenue, Suite 150

* City:

Irvine

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92697-7600

e. Organizational Unit:

Department Name:

Chemistry Department

Division Name:

Physical Sciences

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

Prefix:

Mr.

* First Name:

James

Middle Name:

* Last Name:

Wang

Suffix:

Title:

Contract and Grant Officer

Organizational Affiliation:

U.C. Irvine - Office of Research - Sponsored Project Admin.

* Telephone Number:

949-824-3029

Fax Number:

* Email:

jamesw9@uci.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:**

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.506

CFDA Title:

Water Desalination Research and Development Program

*** 12. Funding Opportunity Number:**

R16-FOA-DO-009

* Title:

Desalination and Water Purification Research and Development (DWPR) Fiscal Year 2016 Research

13. Competition Identification Number:

R16-FOA-DO-009

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Advancing the Next Generation of Desalination and Solar Technologies through Light Driven Ion Pumps

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="148,537.00"/>
* 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="148,537.00"/>

***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:

Dept. of Food and Agriculture

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

16-8506-1919-CA

5b. Federal Award Identifier:

FEB 09 2016

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State: 02/02/2016

7. State Application Identifier: 15-0546-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

68-0325104

* c. Organizational DUNS:

8074876650000

d. Address:

* Street1: 1220 N Street, Room 315

Street2:

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health/Pest Prev Svcs

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

Prefix: * First Name: Jason

Middle Name:

* Last Name: Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

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

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

NA

* Title:

NA

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Mediterranean Fruit Fly Eradication Project - La Mesa

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="291,009.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="291,009.00"/>
* 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="582,018.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

[]

*** Other (Specify):**

Governor's Office of Planning & Research

*** 3. Date Received:**

08/25/2015

4. Applicant Identifier:

1268-1517

FEB 10 2016

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Combined Power LLC, dba Hyperlight Energy

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

61-1641815

*** c. Organizational DUNS:**

078304970000

d. Address:

*** Street1:**

8070 LA Jolla Shores, Dr.

Street2:

Ste. 426

*** City:**

La Jolla

County/Parish:

[]

*** State:**

CA: California

Province:

[]

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

92037

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:**

John

Middle Name:

D. H.

*** Last Name:**

King

Suffix:

[]

Title:

CEO

Organizational Affiliation:

[]

*** Telephone Number:**

619-564-4303 x201

Fax Number:

619-564-4309

*** Email:**

john.king@hyperlightenergy.com

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

DOE

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

* 12. Funding Opportunity Number:

DE-FOA-0001268

* Title:

CONCENTRATING SOLAR POWER: CONCENTRATING OPTICS FOR LOWER LEVELIZED ENERGY COSTS (COLLECTS)

13. Competition Identification Number:

Title:

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

SANDIEGO BRAWLEY, RIDGECREST, CA
GOLDEN, CO

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Low Cost Concentrated Solar Power (CSP) Collector

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="1,500,000.00"/>
* b. Applicant	<input type="text" value="655,000.00"/>
* c. State	<input type="text" value="750,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="100,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,005,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed: