Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-28, 2011.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier: San Joaquin Co Morada Estates

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED
FEB 16 2011
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Morada Estates Maintenance District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000531

* c. Organizational DUNS: 004772302

d. Address:

* Street1: 1810 E. Hazelton Ave.
Street2:
* City: Stockton
County: San Joaquin County
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95205

e. Organizational Unit:

Department Name: Public Works

Division Name: Community Infrastructure Engr

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

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

Title: Engineering Service Manager

Organizational Affiliation: San Joaquin County Public Works

* Telephone Number: 209-953-7621
Fax Number: 209-468-2999

* Email: BDuBois@sjgov.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R11SF80303

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011

13. Competition Identification Number:

Title:

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

Morada Estates Maintenance District, San Joaquin County, California

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

Installation of 88 water meters in Morada Estate Maintenance District

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 11, 18
* b. Program/Project: 11

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 11/01/2011
* b. End Date: 06/30/2012

18. Estimated Funding ($):

* a. Federal	140,000.00
* b. Applicant	140,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	280,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/16/2011.
- [ ] 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
- [x] No

Explanation

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

- [x] ** 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:	Tom
Middle Name:	
* Last Name:	Gau
Suffix:	
* Title:	Interim Director of Public Works
* Telephone Number:	209-468-3000
Fax Number:	209-468-2999
* Email:	tgau@sjgov.org
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
FEB 16 2011
STATE CLEARINGHOUSE

* 3. Date Received: 02/11/2011

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: Valley Center Municipal Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95 6005419

* c. Organizational DUNS: 043656594

d. Address:

* Street1: 29300 Valley Center Road
Street2:
* City: Valley Center
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92082

e. Organizational Unit:

Department Name: Engineering

Division Name:

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

Prefix: Ms.

* First Name: Jacqueline

Middle Name:

* Last Name: Howells

Suffix:

Title: Federal Representative

Organizational Affiliation: Howells Government Relations

* Telephone Number: 951-461-9074

Fax Number: 951-848-0988

* Email: jacqueline@howellsgov.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R11SF80310

* Title:

WaterSMART: Development of Feasibility Studies under the Title XVI Water Reclamation and Reuse Program

13. Competition Identification Number:

Title:

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

San Diego County

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

Valley Center Municipal Water District
North Village Reclamation Facility Feasibility Study

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA 049
* b. Program/Project: CA 049

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

SF-424 Other Congressional D | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/09/2011
* b. End Date: 08/08/2012

18. Estimated Funding ($):

* a. Federal	94,000.00
* b. Applicant	94,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	188,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/12/2011.

[ ] 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 [X] No Explanation

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

[X] ** 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: Wally

Middle Name:

* Last Name: Grabbe

Suffix:

* Title: District Engineer

* Telephone Number: 760-735-4558 Fax Number: 760-749-4098

* Email: wgrabbe@vcmwd.org

* Signature of Authorized Representative: Wally Grabbe * Date Signed: 02/11/2011

Authorized for Local Reproduction

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

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

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

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Brentwood

*b. Employer/Taxpayer Identification Number (EIN/TIN): 946000303

*c. Organizational DUNS: 076546357

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d. Address:

*Street 1: 2201 Elkins Way

Street 2:

*City: Brentwood

County: Contra Costa

*State: CA

Province:

*Country: US

*Zip / Postal Code 94513

e. Organizational Unit:

Department Name: Public Works

Division Name: Water Operations

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

Prefix:

*First Name: Diana

Middle Name:

*Last Name: Williford

Suffix:

Title: Water Conservation Specialist

Organizational Affiliation: Public Works

*Telephone Number: 925 516 6045

Fax Number: 925 516 6001

*Email: dwilliford@ci.brentwood.ca.us

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

***12 Funding Opportunity Number:**

R11SF80303

*Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011

13. Competition Identification Number:

Title:

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

City of Brentwood

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

Sensus Automatic Meter Reading System Upgrade Project

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA11/10D *b. Program/Project: CA11/10D

17. Proposed Project:

*a. Start Date: July 2011 *b. End Date: July 2014

18. Estimated Funding ($):

*a. Federal	300,000.00
*b. Applicant	2,568,847.30
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	2,608,043.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 2/16/11

☐ 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: Donna

Middle Name:

*Last Name: Landeros

Suffix:

*Title: City Manager

*Telephone Number: 925 516 5400 Fax Number: 925 516-5441

* Email: dlanderos@ci.brentwood.ca.us

*Signature of Authorized Representative: Karen L Chew *Date Signed: 2/16/11

Authorized for Local Reproduction for Donna Landeros, City Manager

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☒ Construction ☐ Non-Construction; Pre-application ☐ Construction ☐ Non-Construction		**2. DATE SUBMITTED**	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-00059.1

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: Patti
City: Sacramento	Middle Name
County: Sacramento	Last Name Keating
State: California Zip Code 94296-0001	Suffix:
Country: USA	Email: pkeating@parks.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68 - 0303606	Phone Number (give area code) (916) 651-8174 Fax Number (give area code) (916) 653-6511

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8. TYPE OF APPLICATION: ☐ New ☐ Continuation ☒ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Change in local project sponsor	**7. TYPE OF APPLICANT:** (See back of form for Application Types) A. State. Other (specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15 - 916. TITLE (Name of Program): Land & Water Conservation Fund	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Tulare Airpark Acquisition (now called Elk Bayou Park)
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: 80644	
13. PROPOSED PROJECT Start Date: Ending Date:	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 03 b. Project 21

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$	a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/17/2011
b. Applicant	$	
c. State	$	
d. Local	$	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$	☐ Yes If "Yes" attach an explanation. ☒ No

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative		e. Date Signed

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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FEB 17 2011
STATE CLEARING HOUSE

* 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: Rancho California Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2415751

* c. Organizational DUNS: 053836235

d. Address:

* Street1: 42135 Winchester Rd.
Street2:
* City: Temecula
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92590

e. Organizational Unit:

Department Name: Planning Department

Division Name:

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

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

Title: Water Resources Planner

Organizational Affiliation: Rancho California Water District

* Telephone Number: 951-296-6916
Fax Number: 951-296-6860

* Email: landstedtd@ranchowater.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R11SF80303

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011

13. Competition Identification Number:

Title:

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

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

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

WR-34 Hydroelectric Power Generation Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-049
* b. Program/Project: CA-049

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

RCWD_Congressional Districts | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2011
* b. End Date: 05/31/2013

18. Estimated Funding ($):

* a. Federal	615,990.00
* b. Applicant	746,041.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,362,031.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/17/2011.
- [ ] 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
- [x] No

Explanation

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

- [x] ** 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:	Perry
Middle Name:	
* Last Name:	Louck
Suffix:	
* Title:	Director of Planning
* Telephone Number:	951-296-6927
Fax Number:	951-296-6860
* Email:	louckp@ranchowater.com
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

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FEB 17 2011
STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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FEB 17 2011
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Rancho California Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2415751

* c. Organizational DUNS: 053836235

d. Address:

* Street1: 42135 Winchester Rd.
Street2:
* City: Temecula
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92590

e. Organizational Unit:

Department Name: Planning Department

Division Name:

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

Prefix: Ms.
* First Name: Denise
Middle Name:
* Last Name: Landstedt
Suffix:

Title: Water Resources Planner

Organizational Affiliation: Rancho California Water District

* Telephone Number: 951-296-6916
Fax Number: 951-296-6860

* Email: landstedtd@ranchowater.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R11SF80303

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011

13. Competition Identification Number:

Title:

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

City of Temecula, portions of the City of Murrieta, and unincoporated areas of southwest Riverside County, California

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

Ace Bowen Pump Station Improvements: Fuel Cell Power Generation

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-049
* b. Program/Project: CA-049

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

RCWD Congressional Districts | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 03/15/2010
* b. End Date: 03/23/2012

18. Estimated Funding ($):

* a. Federal	1,000,000.00
* b. Applicant	6,253,423.00
* c. State	0.00
* d. Local	0.00
* e. Other	3,000,000.00
* f. Program Income	0.00
* g. TOTAL	10,253,423.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/17/2011.
- [ ] 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
- [x] No

Explanation

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

- [x] ** 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: Perry
Middle Name:
* Last Name: Louck
Suffix:

* Title: Director of Planning

* Telephone Number: 951-296-6927
Fax Number: 951-296-6860

* Email: louckp@ranchowater.com

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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8. APPLICANT INFORMATION:

* a. Legal Name: Reclamation District 2035

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0249569

* c. Organizational DUNS: 876385980

d. Address:

* Street1: 45332 County Road 25
Street2:
* City: Woodland
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95776

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: Regina

Middle Name:

* Last Name: Cherovsky

Suffix:

Title: Managing Trustee

Organizational Affiliation:

* Telephone Number: 530-662-1484

Fax Number: 530-662-0562

* Email: regina@conawayranch.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R11SF80303

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011

13. Competition Identification Number:

Title:

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

City of Woodland, Yolo County, State of California, Yolo Bypass, Cache Creek, Willow Slough and Willow Slough Bypass

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

Acquisition and Installation of SCADA Phase 2

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-001 * b. Program/Project: CA-001

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2011 * b. End Date: 03/30/2013

18. Estimated Funding ($):

* a. Federal	287,700.00
* b. Applicant	303,766.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	591,466.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02-16-2011.

[ ] 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 [X] No Explanation

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

[X] ** 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: Regina

Middle Name:

* Last Name: Cherovsky

Suffix:

* Title: Managing Trustee

* Telephone Number: 530-662-1484 Fax Number: 530-662-0562

* Email: regina@conawayranch.com

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

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Rancho Murieta Community Services District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0000805

* c. Organizational DUNS: 105918460

d. Address:

* Street1: 15160 Jackson Road
Street2:
* City: Rancho Murieta
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95683

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: Edward
Middle Name:
* Last Name: Crouse
Suffix:

Title: General Manager

Organizational Affiliation:

* Telephone Number: 916-354-3700
Fax Number: 916-354-2082

* Email: ecrouse@rmcsd.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R11SF80303

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011

13. Competition Identification Number:

Title:

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

Rancho Murieta, County of Sacramento, State of California

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

Xeriscape Demonstration Garden Phase 1 - Leading to Landscape Replacement Rebates and Water Efficiency Incentive Programs

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 3rd
* b. Program/Project: 3rd

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2011
* b. End Date: 11/30/2012

18. Estimated Funding ($):

* a. Federal	126,000.00
* b. Applicant	130,522.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	256,522.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02-16-11.

[ ] 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 [X] No Explanation

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

[X] ** 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: Edward
Middle Name:
* Last Name: Crouse
Suffix:

* Title: General Manager

* Telephone Number: 916-354-3700 Fax Number: 916-354-2082

* Email: ecrouse@rmcad.com

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

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: INLAND EMPIRE UTILITIES AGENCY

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-6004609	043656206

d. Address:

* Street1:	6075 Kimball Avenue
Street2:	
* City:	Chino
County:	San Bernadino County
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	91708

e. Organizational Unit:

Department Name:	Division Name:
Planning & Enviro. Compliance	Water Resources

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

Prefix:	Mr.	* First Name:	Jason
Middle Name:			
* Last Name:	Gu		
Suffix:			

Title: Grants Officer

Organizational Affiliation:
Employee

* Telephone Number:	909-993-1636	Fax Number:	909-993-1985

* Email: jgu@ieua.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R11SF80303

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011

13. Competition Identification Number:

Title:

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

CA, San Bernardino & Los Angeles counties, cities: Azusa-Chino-Chino Hills-Industry-Claremont-Covina-Diamond Bar-Fontana-Glendora-Hacienda Heights-La Puente-La Verne-Montclair-Ontario-Pomona-Rancho Cucamonga-Rowland Heights-Upland-Walnut-W. Covina

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

Regional Residential Outdoor Landscape Surveys and Retrofit Programs

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-042, -043, -026,-032,-038 032,-038-

*b. Program/Project: CA-042, -043, 026,-

17. Proposed Project:

*a. Start Date: 07/01/2011

*b. End Date: 12/31/2012

18. Estimated Funding ($):

*a. Federal	$100,000
*b. Applicant	$104,830
*c. State	$0
*d. Local	$160,790
*e. Other	$0
*f. Program Income	$0
*g. TOTAL	$365,620

***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 02/17/2011

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Thomas

Middle Name: A.

*Last Name: Love

Suffix:

*Title: General Manager

*Telephone Number: 909-993-1600

Fax Number: 909-993-1985

* Email: tlove@ieua.org

*Signature of Authorized Representative: Thomas A. Love

*Date Signed: 2/17/11

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Rancho California Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2415751

* c. Organizational DUNS: 053836235

d. Address:

* Street1: 42135 Winchester Rd.
Street2:
* City: Temecula
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92590

e. Organizational Unit:

Department Name: Planning Department

Division Name:

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

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

Title: Water Resources Planner

Organizational Affiliation:
Rancho California Water District

* Telephone Number: 951-296-6916
Fax Number: 951-296-6860

* Email: landsteedt@ranchowater.com

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R11SF80303

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011

13. Competition Identification Number:

Title:

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

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

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

WR-34 Hydroelectric Power Generation Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-049 * b. Program/Project: CA-049

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

RCWD_Congressional Districts | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2011 * b. End Date: 05/31/2013

18. Estimated Funding ($):

* a. Federal	615,990.00
* b. Applicant	746,041.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,362,031.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/17/2011.

[ ] 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 [X] No Explanation

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

[X] ** 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: Perry

Middle Name:

* Last Name: Louck

Suffix:

* Title: Director of Planning

* Telephone Number: 951-296-6927 Fax Number: 951-296-6860

* Email: louckp@ranchowater.com

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 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: Rancho California Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2415751

* c. Organizational DUNS: 053836235

d. Address:

* Street1: 42135 Winchester Rd.
Street2:
* City: Temecula
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92590

e. Organizational Unit:

Department Name: Planning Department

Division Name:

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

Prefix: Ms.
* First Name: Denise
Middle Name:
* Last Name: Landstedt
Suffix:

Title: Water Resources Planner

Organizational Affiliation:
Rancho California Water District

* Telephone Number: 951-296-6916
Fax Number: 951-296-6860

* Email: landstedtd@ranchowater.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R11SF80303

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011

13. Competition Identification Number:

Title:

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

City of Temecula, portions of the City of Murrieta, and unincoporated areas of southwest Riverside County, California

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

Ace Bowen Pump Station Improvements; Fuel Cell Power Generation

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-049
* b. Program/Project: CA-049

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

RCWD_Congressional Districts | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 03/15/2010
* b. End Date: 03/23/2012

18. Estimated Funding ($):

* a. Federal	1,000,000.00
* b. Applicant	6,253,423.00
* c. State	0.00
* d. Local	0.00
* e. Other	3,000,000.00
* f. Program Income	0.00
* g. TOTAL	10,253,423.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/17/2011.
- [ ] 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
- [x] No

Explanation

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

- [x] ** 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: Perry
Middle Name:
* Last Name: Louck
Suffix:

* Title: Director of Planning

* Telephone Number: 951-296-6927
Fax Number: 951-296-6860

* Email: louckp@ranchowater.com

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

Application for Federal Assistance SF-424 Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Southern Low Desert Resource Conservation and Development Council

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
01-0548550	142598874

d. Address:

* Street1:	82-901 Bliss Ave.
Street2:	
* City:	Indio
County/Parish:	
* State:	CA
Province:	
* Country:	
* Zip / Postal Code:	92201

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: Anisa
Middle Name: J.	
* Last Name: Divine	
Suffix:	

Title:

Organizational Affiliation:

* Telephone Number: 760-347-3675 x115	Fax Number:

* Email: sldrcndcouncil@gmail.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Non-profit 501(c)(3)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Working Towards Vibrant, Sustainable Communities

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: 45, 51
* b. Program/Project: 45, 51

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 02/16/2011
* b. End Date: 09/30/2012

18. Estimated Funding ($):

* a. Federal	$8,730.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$8,730.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/22/2011
- [ ] 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
- [x] 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)**

- [x] ** 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: Anisa

Middle Name:

* Last Name: Divine

Suffix:

* Title:

* Telephone Number: 760-347-3675 x115

Fax Number:

* Email: sldrcndcouncil@gmail.com

* Signature of Authorized Representative: Anisah Divine

* Date Signed: 2/22/2011

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [ ] Preapplication
- [X] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [X] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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STATE CLEARING HOUSE

* 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: Metropolitan Water District of Southern California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002071

* c. Organizational DUNS: 06-389-2975

d. Address:

* Street1: 700 North Alameda Street
Street2:
* City: Los Angeles
County/Parish:
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90012

e. Organizational Unit:

Department Name:

Division Name: Water Resource Management Group

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

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

Title: Manager, Regional Supply Unit

Organizational Affiliation:

* Telephone Number: (213) 217-6557
Fax Number: (213) 217-6119

* Email: ahui@mwdh2o.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

D-Special District Government

Type of Applicant 2: Select Applicant Type:

E. Regional Organization

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of the Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R11SF80303

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011

13. Competition Identification Number:

Title:

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

Ventura, Los Angeles, Orange Riverside, San Bernardino and San Diego counties

Add Attachment | Delete Attachment | View Attachment

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

California Friendly® Turf Replacement Incentive Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

If "Yes", provide explanation and attach

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-023 through CA-053 * b. Program/Project CA-023 through CA-053

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/2011 * b. End Date: 09/2013

18. Estimated Funding ($):

* a. Federal	1,000,000
* b. Applicant	1,000,000
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	2,000,000

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 2/17/2011.

[ ] 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 [X] No

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)**

[X] ** 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: Jeffrey

Middle Name:

* Last Name: Kightlinger

Suffix:

* Title: General Manager

* Telephone Number: (213) 217-6211 Fax Number:

* Email: jkightlinger@mwdh2o.com

* Signature of Authorized Representative: * Date Signed: February 15, 2011

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
02/18/2011	Ore-Cal RC&D

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: Ore-Cal Resource Conservation and Development Area Council

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0323502	01-926-4681

d. Address:

* Street1:	611 Maint Street
Street2:	P.O. Box 1180
* City:	Tulelake
County/Parish:	
* State:	California
Province:	
* Country:	
* Zip / Postal Code:	96134

e. Organizational Unit:

Department Name:	Division Name:
	Ore-Cal RC&D

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

Prefix:	
* First Name:	Michelle
Middle Name:	
* Last Name:	Alexander
Suffix:	
Title:	Program Manager
Organizational Affiliation:	Ore-Cal RC&D
* Telephone Number:	530-667-4247 ext 103
Fax Number:	530-667-3125
* Email:	michellea@cot.net

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Single Project

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-NRCS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

65-9104-1-847

* Title:

United States Department of Agriculture
Natural Resources Conservation Services
Ore-Cal Resource Conservation & Development Council Area

13. Competition Identification Number:

Title:

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

Add Attachments | Delete Attachments | View Attachments

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

Wiard Park Sprayground 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: Wally Herger Dist II
* b. Program/Project: Greg Walden Dist II

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05/02/2011
* b. End Date: 09/30/2012

18. Estimated Funding ($):

* a. Federal	$8,730.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$8,730.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/22/2011.
- [ ] 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
- [x] 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)**

- [x] ** 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: Michelle
Middle Name:
* Last Name: Alexander
Suffix:
* Title:
* Telephone Number: 530-667-4247 ext 103
Fax Number: 530-667-3125
* Email: michellea@cot.net
* Signature of Authorized Representative:
* Date Signed: 02/22/2011

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 02/18/2011		Applicant Identifier CA-88-X002
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier CA-88-X002

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Foothill Transit

Organizational Unit: Department: Finance; Division:

Organizational DUNS: 94-364-2124

Address: Street: 100 S. Vincent Avenue, Suite 200; City: West Covina; County: Los Angeles; State: CA; Zip Code: 91791; Country: USA

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Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mr.; First Name: Gil; Middle Name; Last Name: Victorio; Suffix: NA; Email: gvictorio@foothilltransit.org; Phone Number (give area code): (626) 931-7227; Fax Number (give area code): (626) 931-7327

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4668218

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

Other (specify): Joint Powers Authority

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bus Replacement - Electric Bus

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 20 cities and Los Angeles County

13. PROPOSED PROJECT

Start Date: 02/24/2009; Ending Date: 07/15/2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District No. 26,29,32,38 & 42; b. Project: Same

15. ESTIMATED FUNDING:

a. Federal	$ 10,170,000
b. Applicant	$
c. State	$
d. Local	$ 1,130,000
e. Other	$
f. Program Income	$
g. TOTAL	$ 11,300,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 02/18/2011

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative: Prefix: Mr.; First Name: Gil; Middle Name; Last Name: Victorio; Suffix

b. Title: Finance Manager; c. Telephone Number (give area code): (626) 931-7227

d. Signature of Authorized Representative: Gil Victorio; e. Date Signed: 02/18/2011

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 02/16/2011

4. Applicant Identifier: 95-6000759

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STATE CLEARING HOUSE

5a. Federal Entity Identifier: 95-6000759

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Pasadena

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

* c. Organizational DUNS: 028900439

d. Address:

* Street1: 150 South Los Robles Avenue
Street2: Suite 200
* City: Pasadena
County: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91101

e. Organizational Unit:

Department Name: Pasadena Water and Power

Division Name: Water Conservation

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

Prefix: Ms.

* First Name: Nancy

Middle Name:

* Last Name: Long

Suffix:

Title: Water Conservation Manager

Organizational Affiliation: Pasadena Water and Power

* Telephone Number: 626-744-3865

Fax Number: 626-396-7264

* Email: nlong@cityofpasadena.net

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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STATE CLEARING HOUSE

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R11SF80303

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2011

13. Competition Identification Number:

Title:

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

City of Pasadena, California

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

Pasadena Water and Power, Smart Landscape Makeover: Incentive in Support of Water Conservation Efforts for Low Income Families

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

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FEB 22 2011
STATE CLEARING HOUSE

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier:
b. Agency Routing Identifier:

2. DATE SUBMITTED
Applicant Identifier:

5. APPLICANT INFORMATION

* Organizational DUNS: 967157020
* Legal Name: Marine BioEnergy, Inc.
Department:
Division:
* Street1: 4408 Union Avenue
Street2:
* City: La Canada
County / Parish: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 91011-3136

Person to be contacted on matters involving this application
Prefix: Mrs.
* First Name: Cindy
Middle Name:
* Last Name: Wilcox
Suffix:
* Phone Number: 818 952-6018
Fax Number:
Email: cindy.wilcox@charter.net

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 90-0655774

7. * TYPE OF APPLICANT: R: Small Business
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☒ New ☐ Resubmission
☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

9. * NAME OF FEDERAL AGENCY: National Energy Technology Laboratory

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.086
TITLE: Conservation Research and Development

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Abundant Biomass for Drop-in Fuels Available from Low-Cost Open-Ocean Farming of Kelp

12. PROPOSED PROJECT:
* Start Date: 10/01/2011
* Ending Date: 09/30/2014

13. * CONGRESSIONAL DISTRICT OF APPLICANT: CA-026

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Mr.
* First Name: Brian
Middle Name:
* Last Name: Wilcox
Suffix:
Position/Title: Vice President
* Organization Name: Marine BioEnergy, Inc.
Department:
Division:
* Street1: 4408 Union Avenue
Street2:
* City: La Canada
County / Parish: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 91011-3136
* Phone Number: 818 952-6018
Fax Number:
* Email: brian.wilcox@charter.net

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	1,208,902.00
b. Total Non-Federal Funds	380,490.00
c. Total Federal & Non-Federal Funds	1,589,392.00
d. Estimated Program Income	0.00

16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES [X] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 02/19/2011

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

[X] * 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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Mrs. * First Name: Cindy Middle Name:

* Last Name: Wilox Suffix:

* Position/Title: President

* Organization: Marine BioEnergy, Inc.

Department: Division:

* Street1: 4408 Union Avenue

Street2:

* City: La Canada County / Parish: Los Angeles

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 91011-3136

* Phone Number: 818 952-6018 Fax Number:

* Email: cindy.wilcox@charter.net

* Signature of Authorized Representative	* Date Signed
Completed on submission to Grants.gov	Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:

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

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FEB 22 2011
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Yosemite/Sequoia Resource Conservation and Development Council

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
91-2155866	142197164

d. Address:

* Street1:	P.O. Box 415
Street2:	
* City:	North Fork,
County/Parish:	
* State:	California
Province:	
* Country:	
* Zip / Postal Code:	93643

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: Tom

Middle Name:

* Last Name: Wheeler

Suffix:

Title: President

Organizational Affiliation:

* Telephone Number: (559) 877-8663 Fax Number: (559) 877-8661

* Email: info@ysrcandd.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

501(c)3 Non-Profit organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

RC&D Carryover funding.

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:**

Yosemite/Sequoia RC&D Implementation of Annual Plan of Work 2011-2012.

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: 19 & 21
* b. Program/Project: 19 & 21

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 02/18/2011
* b. End Date: 09/30/2012

18. Estimated Funding ($):

* a. Federal	$4,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$4,500.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/15/2011.
- [ ] 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
- [x] 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)**

- [x] ** 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: Tom
Middle Name:
* Last Name: Wheeler
Suffix:
* Title: President
* Telephone Number: (559) 877-8663
Fax Number:
* Email: info@ysrcandd.org
* Signature of Authorized Representative:
* Date Signed: 02/15/2011

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:

4. Applicant Identifier:

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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: Central Coast Resource Conservation and Development Council, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 47-0882249

* c. Organizational DUNS: 959661075

d. Address:

* Street1: 65 South Main Street, Suite 105
Street2:
* City: Templeton
County/Parish:
* State: CA
Province:
* Country:
* Zip / Postal Code: 93465

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: Jeff

Middle Name:

* Last Name: Rodriguez

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 805-434-0396, x.119

Fax Number:

* Email: jeff.rodriguez@ca.usda.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Non-profit with 501C3 status

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

RC&D Council Marketing, Outreach and Training

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: 14,15,16,17,22,23,24
* 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	$4,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$4,500.00

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

02/23/2011

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/~~16~~/2011
- [ ] 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
- [x] 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)**

- [x] ** 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: Chuck
Middle Name:
* Last Name: Pritchard
Suffix:
* Title:
* Telephone Number: 805-434-0396, x.119
Fax Number:
* Email: barb6ranch@aol.com
* Signature of Authorized Representative: Chuck Pritchard
* Date Signed: 2/16/11

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: South Coast Resource Conservation & Development Area Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
33-0820515	136575573

d. Address:

* Street1:	4500 Glenwood Drive Bldg, D
Street2:	
* City:	Riverside
County/Parish:	
* State:	CA
Province:	
* Country:	
* Zip / Postal Code:	92501

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:	Scott
Middle Name:	
* Last Name:	Murray
Suffix:	
Title:	
Organizational Affiliation:	
* Telephone Number:	951-682-3956
Fax Number:	
* Email:	southcoastrcandd@gmail.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA NRCS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

RC&D Council Capacity Building to Achieve NARC&DC Circle of Diamonds and Enhanced Levels of Excellence

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:**

Implement steps to achieve NARC&DC's Circle of Diamonds Basic and Enhanced Levels of Excellence

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: 23-53 * b. Program/Project: 23-53

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 03/01/2011 * b. End Date: 09/30/2012

18. Estimated Funding ($):

* a. Federal	$4,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$4,500.00

*** 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 02/24/2011.
- [ ] 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: Scott

Middle Name: A.

* Last Name: Murray

Suffix: Mr.

* Title: President Board of Directors

* Telephone Number: 951-682-3956 Fax Number: 951-682-5934

* Email: SouthCoastRCandD@gmail.com

* Signature of Authorized Representative: * Date Signed: 02/23/2011

Form 424 OMB Approval No. 0348-0043

Application for Federal Assistance

2. Date Submitted: **23-Feb-11**

3. Applicant Identifier:

1. Type of Submission Application

Application: [ ] Construction [x] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

3. Date received State:

State Application Identifier:

4. Date received by Federal Agency:

Federal Identifier:

5. Applicant Information

6. Legal Name: **Peninsula Corridor Joint Powers Board**

Address *(give city, county, state, and zip)*
1250 San Carlos Avenue
San Carlos, San Mateo County, CA 94070

Name and telephone of contact person *(give area code)*
Joel Slavit, (650) 508-6476

6. Employer Identification Number (EIN): 9 4 3152903

7. Type of Applicant *(enter appropriate letter in box)* G

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermural
G. Special District
H. Independent School Dst.
I. State Controlled Institution of higher learning.
J. Private University
K. Indian Tribe
L. Profit Insitution
M. Other: MPO

8. Type of Application

[X] new [ ] continuation [ ] Revision

If revision, enter appropriate letter(s) in boxes: [ ] [ ]

A. Increased Award B. Decreased Award
C. Increase Duration D. Decrease Duration
Other *(specify)*:

10. Catalog of federal domestic assistance number: **20507**
Section 5307 Program (FHWA transfer)

9. Name of federal Agency:
Federal Transit Administration

12. Areas affected by project:
San Francisco, San Mateo and Santa Clara Counties

11. Descriptive title of applicant project:
CA-90-X074 Electrification (CMAQ)

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13. Proposed Project
Start Date: **2/1/2000**
End Date: **9/30/2013**

15. Estimated Funding

a. Federal	**$4,000,000**
b. Applicant	
c. State	**$518,243**
d. Local	
f. Program Income	
e. Other	
g. TOTAL	**$4,518,243**

14. Congressional Districts of:

a. Applicant	B. Project
8, 12, 13, 14, 15 & 16	**8, 12, 13, 14, 15 & 16**

16. Is application subject to review by state executive 12372 process? **Yes**
a. Yes this preapplication/application was made available to the state executive order 12372 process review on
Date: **28-Feb-11**
b. No [ ] Program is not covered by E.). 12372
or [ ] or program has notbeen selected by state for review

17. Is the applicant delinquent on any federal debt?
[ ] Yes.(attach an explanation)
[x] No.

18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number:
Joel Slavit	**Mgr Grants & Fund Programming**	**(650) 508-6476**

d. Signature of Authorized representative	e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	**2. DATE SUBMITTED** 02/24/2011	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-11-UC-06-0005

5. APPLICANT INFORMATION

Legal Name: County of Sacramento	**Organizational Unit:** Department: Sacramento Housing and Redevelopment Agency (SHRA)
Organizational DUNS: 139400209	Division:
Address: Street: 801 12th Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Geoffrey
City: Sacramento	Middle Name
County:	Last Name: Ross
State: CA Zip Code: 95814	Suffix:
Country:	Email: gross@shra.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 3 3 6 5 8 1 8	Phone Number (give area code): 916-440-1357 Fax Number (give area code): 916-447-2261
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) B. County Other (specify)
	9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 1 8 TITLE (Name of Program): Community Development Block Grant	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Neighborhood Stabilization Program #3 (NSP3)
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: County of Sacramento and City of Sacramento	
13. PROPOSED PROJECT Start Date: March 15, 2011 Ending Date: March 14, 2014	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 3,4, 5 and 11th b. Project 3, 4, 5 and 11th

15. ESTIMATED FUNDING:

a. Federal	$ 8,358,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ 3,650,000 .00
f. Program Income	$ .00
g. TOTAL	$ 12,008,000 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 02/24/2011

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix: Ms.	First Name: La Shelle	Middle Name
Last Name: Dozier		Suffix
b. Title: Executive Director		c. Telephone Number (give area code): 916-440-1319
d. Signature of Authorized Representative: La Shelle Dozier		e. Date Signed: 2/21/2011

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

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 02/18/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier G1198005	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-77-D-5	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☒ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational Unit:
Department: Fish and Game
Division: GRANTS MANAGEMENT BRANCH

Organizational DUNS: 808322358

Address:
Street: 1831 9TH STREET
City: SACRAMENTO
County: SACRAMENTO
State: CA Zip Code 95811
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms First Name: CARRIE
Middle Name
Last Name HOLLER
Suffix:
Email: choller@dfg.ca.gov
Phone Number (give area code) (916) 327-0062
Fax Number (give area code) (916) 327-6320

RECEIVED FEB 25 2011 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567

7. TYPE OF APPLICANT: (See back of form for Application Types)
A. State
Other (specify)

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611
TITLE (Name of Program): WILDLIFE RESTORATION ACT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 5

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
SAN DIEGO COUNTY

13. PROPOSED PROJECT
Start Date: 07/01/2011 Ending Date: 06/30/2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3 b. Project 52

15. ESTIMATED FUNDING:

a. Federal	$ 176,591.00
b. Applicant	$
c. State	$ 58,908.00
d. Local	$
e. Other	$
f. Program Income	$ 5,246.00
g. TOTAL	$ 240,745.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 02/18/2011
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

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

a. Authorized Representative
Prefix Mr. First Name BLAINE Middle Name
Last Name NICKENS Suffix
b. Title CHIEF, GRANTS MANAGEMENT BRANCH
c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative
e. Date Signed 2/25/2011

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE | **State Application Identifier**

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier
b. Agency Routing Identifier

2. DATE SUBMITTED: 02/25/2011
Applicant Identifier: Achates Power, Inc.

5. APPLICANT INFORMATION — *** Organizational DUNS:** 8064046660000

* Legal Name: Achates Power, Inc.
Department: | Division:
* Street1: 4060 Sorrento Valley Boulevard
Street2:
* City: San Diego | County / Parish: San Diego
* State: CA: California | Province:
* Country: USA: UNITED STATES | * ZIP / Postal Code: 92121-1428

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Person to be contacted on matters involving this application
Prefix: Dr. | * First Name: Jerome | Middle Name:
* Last Name: Paye | Suffix: PhD
* Phone Number: 858-535-9920 Ext. 270 | Fax Number: 858-535-9981
Email: paye@achatespower.com

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 260660133

7. * TYPE OF APPLICANT: R: Small Business
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☒ New ☐ Resubmission
☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

9. * NAME OF FEDERAL AGENCY: National Energy Technology Laboratory

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.086
TITLE: Conservation Research and Development

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
OPTIMIZED AFTERTREATMENT SYSTEM TO ENABLE COMMERCIALIZATION OF CLEAN, MORE FUEL-EFFICIENT AND LOWER COST TWO-STROKE OPPOSED-PISTON ENGINES

12. PROPOSED PROJECT:
* Start Date: 10/03/2011 | * Ending Date: 12/24/2014

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**: CA-050

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. | * First Name: Jerome | Middle Name:
* Last Name: Paye | Suffix:
Position/Title: Director, Customer Programs
* Organization Name: Achates Power, Inc.
Department: | Division:
* Street1: 4060 Sorrento Valley Boulevard
Street2:
* City: San Diego | County / Parish: San Diego
* State: CA: California | Province:
* Country: USA: UNITED STATES | * ZIP / Postal Code: 92121-1428
* Phone Number: 858-535-9920 Ext. 270 | Fax Number: 858-535-9981
* Email: paye@achatespower.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	2,905,370.00
b. Total Non-Federal Funds	3,578,597.00
c. Total Federal & Non-Federal Funds	6,483,967.00
d. Estimated Program Income	0.00

16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES [X] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 02/28/2011

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

[X] * 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.*

18. SFLLL or other Explanatory Documentation

Add Attachment

19. Authorized Representative

Prefix: Dr. * First Name: Jerome Middle Name:

* Last Name: Paye Suffix:

* Position/Title: Director, Customer Programs

* Organization: Achates Power, Inc.

Department: Division:

* Street1: 4060 Sorrento Valley Boulevard

Street2:

* City: San Diego County / Parish: San Diego

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 92121-1428

* Phone Number: 858-535-9920 Ext. 270 Fax Number: 858-535-9981

* Email: paye@achatespower.com

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application Add Attachment

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 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: Jadoo Power Systems, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-0009454

* c. Organizational DUNS: 133903513

d. Address:

* Street1: 181 Blue Ravine Road
Street2: Suite 120
* City: Folsom
County: Sacramento
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95630-4704

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: Ken
Middle Name:
* Last Name: Pearson
Suffix:

Title: Chief Operating Officer

Organizational Affiliation:

* Telephone Number: 916-425-7281
Fax Number: 916-608-9017

* Email: kpearson@jadoopower.com

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000360

* Title:

Research and Development of Fuel Cells for Stationary and Transportation Applications

13. Competition Identification Number:

Title:

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

Folsom (City), Sacramento (County), California (State)

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

A Flexible Manufacturing System (FMS) using Innovative Materials and Processes to Manufacture Durable, Low-Cost Fuel Cells for Clean Generators

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-003
* b. Program/Project: CA-003

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2011
* b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	995,300.00
* b. Applicant	248,825.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,244,125.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/25/2011.
- [ ] 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
- [x] No

Explanation

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

- [x] ** 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: Ken
Middle Name:
* Last Name: Pearson
Suffix:

* Title: Chief Operating Officer

* Telephone Number: 916-435-7281
Fax Number: 916-608-9017

* Email: kpearson@jadoopower.com

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

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE | **State Application Identifier**

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

2. DATE SUBMITTED | **Applicant Identifier**

5. APPLICANT INFORMATION *** Organizational DUNS:** 8612763890000

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* Legal Name: Enovix Corporation
Department: Division:
* Street1: 46758 Lakeview Blvd.
Street2:
* City: Fremont County / Parish:
* State: CA: California Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 94538-6529

Person to be contacted on matters involving this application
Prefix: Mr. * First Name: Harrold Middle Name:
* Last Name: Gilbreath Suffix:
* Phone Number: 925-997-1611 Fax Number: 510-687-1303
Email: hrust@enovix.com

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 20-5871008

7. * TYPE OF APPLICANT: R: Small Business
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☒ New ☐ Resubmission
☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

9. * NAME OF FEDERAL AGENCY: National Energy Technology Laboratory

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.086
TITLE: Conservation Research and Development

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Three Dimensional Li-ion batteries for Vehicle applications

12. PROPOSED PROJECT:
* Start Date: 10/01/2011 * Ending Date: 09/30/2014

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** D-CA13

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. * First Name: Murali Middle Name:
* Last Name: Ramasubramanian Suffix:
Position/Title: Director of Research & Development
* Organization Name: Enovix Corporation
Department: Division:
* Street1: 46758 Lakeview Blvd.
Street2:
* City: Fremont County / Parish:
* State: CA: California Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 94538-6529
* Phone Number: 510-695-2406 Fax Number:
* Email: murali@enovix.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	4,988,792.00
b. Total Non-Federal Funds	2,138,053.00
c. Total Federal & Non-Federal Funds	7,126,845.00
d. Estimated Program Income	0.00

16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES [X] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 02/28/2011

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 18, Section 1001)

[X] *** 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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: James | Middle Name:

* Last Name: Gilbreath | Suffix:

* Position/Title: Vice President

* Organization: Enovix Corporation

Department: | Division:

* Street1: 46758 Lakeview Blvd.

Street2:

* City: Fremont | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 94538-6529

* Phone Number: 408-205-6800 | Fax Number:

* Email: jgilbreath@enovix.com

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED
FEB 28 2011
STATE CLEARING HOUSE

* 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: San Diego State University Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 1956042721A1

* c. Organizational DUNS: 0733713460000

d. Address:

* Street1: 5250 CAMPANILE DRIVE
Street2:
* City: SAN DIEGO
County/Parish: SAN DIEGO
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92182-1931

e. Organizational Unit:

Department Name: BIOLOGY

Division Name:

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

Prefix: Ms.
* First Name: Jennie
Middle Name:
* Last Name: Amison
Suffix:

Title: Director, Sponsored Research Development

Organizational Affiliation:

* Telephone Number: 619-594-5731
Fax Number: 619-594-4950

* Email: awards@foundation.sdsu.edu

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.429

CFDA Title:

Marine Sanctuary Program

*** 12. Funding Opportunity Number:**

NOAA-NMFS-PIRO-2011-2002782

* Title:

2011 Marine National Monument Program

13. Competition Identification Number:

2213630

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Marine Invasive Species Assessment and Control; Education/Outreach Films for Rose Atoll, Marianas Trench & Pacific Remote Islands Marine National Monuments

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-053
b. Program/Project: 00-000

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2011
* b. End Date: 05/31/2012

18. Estimated Funding ($):

* a. Federal	249,999.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	249,999.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/28/2011.

[ ] 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 [X] 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)**

[X] ** 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: Camille
Middle Name:
* Last Name: Nebeker
Suffix:

* Title: Signing Official

* Telephone Number: 619-594-5938
Fax Number: 619-594-4109

* Email: awards@foundation.sdsu.edu

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