Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16 - 28, 2013.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Number: 4040-0004
Expiration Date: 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:
Completed by Grants.gov upon submission	

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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: California Conservation Corps

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0298653	8083221270000

d. Address:

* Street1: 1719 24th Street
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95816-7114

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: Michelle
Middle Name:
* Last Name: Rankin
Suffix:

Title: Region Deputy

Organizational Affiliation:

* Telephone Number: 916-341-3180
Fax Number:

* Email: michelle.rankin@ccc.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2013-2003587

* Title:

FY 2013 Coastal and Marine Habitat Restoration Project Grants

13. Competition Identification Number:

2409024

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Coastal California Fisheries Restoration Project Partnership

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-3
b. Program/Project: CA-3

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2013
* b. End Date: 07/31/2016

18. Estimated Funding ($):

* a. Federal	1,500,020.00
* b. Applicant	1,586,904.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,086,924.00

*** 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 02/15/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

* Title: Region Deputy

* Telephone Number: 916-341-3180
Fax Number:

* Email: michelle.rankin@ccc.ca.gov

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

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:
02/19/2013	

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

State Use Only:

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STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

* a. Legal Name: Gold Ridge Resource Conservation District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-2466509	6153247900000

d. Address:

* Street1:	2776 Sullivan Rd
Street2:	
* City:	Sebastopl
County/Parish:	Sonoma
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95472-9620

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:	John
Middle Name:			
* Last Name:	Green		
Suffix:			

Title: Lead Scientist

Organizational Affiliation:
Gold Ridge Resource Conservation District

* Telephone Number:	(707)823-5244	Fax Number:	(707)823-5243

* Email: john@goldridgercd.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2013-2003587

* Title:

FY 2013 Coastal and Marine Habitat Restoration Project Grants

13. Competition Identification Number:

2409024

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Westminster Woods Irrigation Water Storage 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 CA-006 b. Program/Project CA-006

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2013 * b. End Date: 09/30/2016

18. Estimated Funding ($):

* a. Federal	473,957.32
* b. Applicant	0.00
* c. State	99,382.50
* d. Local	0.00
* e. Other	182,799.51
* f. Program Income	0.00
* g. TOTAL	756,139.33

*** 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 02/19/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

Middle Name:

* Last Name: Green

Suffix:

* Title: Lead Scientist

* Telephone Number: (707)823-5244 Fax Number: (707)823-5243

* Email: john@goldridgercd.org

* Signature of Authorized Representative: Brittany Heck * Date Signed: 02/19/2013

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:
02/19/2013	

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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: Gold Ridge Resource Conservation District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-2466509	6153247900000

d. Address:

* Street1: 2776 Sullivan Rd
Street2:
* City: Sebastopol
County/Parish: Sonoma
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95472-9620

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: Brittany
Middle Name:
* Last Name: Heck
Suffix:

Title: Executive Director

Organizational Affiliation:
Gold Ridge Resource Conservation District

* Telephone Number: (707)823-5244
Fax Number: (707)523-5243

* Email: brittany@goldridgercd.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2013-2003587

* Title:

FY 2013 Coastal and Marine Habitat Restoration Project Grants

13. Competition Identification Number:

2409024

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Salmon Creek Dairy Water Conservation 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 CA-006 b. Program/Project CA-006

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2013 * b. End Date: 09/30/2016

18. Estimated Funding ($):

* a. Federal	497,698.73
* b. Applicant	0.00
* c. State	140,516.77
* d. Local	0.00
* e. Other	100,250.00
* f. Program Income	0.00
* g. TOTAL	738,465.50

*** 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 02/19/2013.

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

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

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

Middle Name:

* Last Name: Heck

Suffix:

* Title: Executive Director

* Telephone Number: (707)823-5244 Fax Number: (707)823-5243

* Email: brittany@goldridgercd.org

* Signature of Authorized Representative: Brittany Heck * Date Signed: 02/19/2013

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:
02/19/2013	

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: Gold Ridge Resource Conservation District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-2466509	6153247900000

d. Address:

* Street1: 2776 Sullivan Rd
Street2:
* City: Sebastopol
County/Parish: Sonoma
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95472-9620

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: Sierra
Middle Name:
* Last Name: Cantor
Suffix:

Title: Ecologist

Organizational Affiliation:
Gold Ridge Resource Conservation District

* Telephone Number: (707)823-5244
Fax Number: (707)823-5243

* Email: sierra@goldridgercd.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2013-2003587

* Title:

FY 2013 Coastal and Marine Habitat Restoration Project Grants

13. Competition Identification Number:

2409024

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Green Valley Creek Off Channel Winter Refugia Habitat Enhancement 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 CA-006 b. Program/Project CA-006

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2013 * b. End Date: 09/30/2016

18. Estimated Funding ($):

* a. Federal	538,103.43
* b. Applicant	0.00
* c. State	30,747.90
* d. Local	2,899.93
* e. Other	59,131.28
* f. Program Income	0.00
* g. TOTAL	630,882.54

*** 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 02/19/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

Middle Name:

* Last Name: Cantor

Suffix:

* Title: Ecologist

* Telephone Number: (707)823-5244 Fax Number: (707)823-5243

* Email: sierra@goldridgercd.org

* Signature of Authorized Representative: Brittany Heck * Date Signed: 02/19/2013

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:
Completed by Grants.gov upon submission.	

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: Sierra Streams Institute

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0429132	1109428070000

d. Address:

* Street1: 431 Uren Street Suite C
Street2:
* City: Nevada City
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95959-2367

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Ms. * First Name: Joanne
Middle Name:
* Last Name: Hild
Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 530-265-6090 Fax Number:

* Email: joanne@sierrastreamsinstitute.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2013-2003587

* Title:

FY 2013 Coastal and Marine Habitat Restoration Project Grants

13. Competition Identification Number:

2409024

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Deer Creek Salmon and Steelhead Habitat Restoration 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: 4
b. Program/Project: 4

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2013
* b. End Date: 07/31/2016

18. Estimated Funding ($):

* a. Federal	212,417.65
* b. Applicant	98,223.70
* c. State	108,307.00
* d. Local	
* e. Other	18,450.00
* f. Program Income	
* g. TOTAL	437,398.35

*** 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
- [ ] 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: Joanne
Middle Name:
* Last Name: Hild
Suffix:

* Title: Executive Director

* Telephone Number: 530-265-6090
Fax Number:

* Email: joanne@sierrastreamsinstitute.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: 03/31/2012

Application for Federal Assistance SF-424

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

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STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
02/19/2013	

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: Gold Ridge Resource Conservation District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-2466509	6153247900000

d. Address:

* Street1: 2776 Sullivan Rd
Street2:
* City: Sebastopol
County/Parish: Sonoma
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95472-9620

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: John
Middle Name:
* Last Name: Green
Suffix:

Title: Lead Scientist

Organizational Affiliation:
Gold Ridge Resource Conservation District

* Telephone Number: (707) 823-5244
Fax Number: (707) 823-5243

* Email: john@goldridgercd.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2013-2003587

* Title:

FY 2013 Coastal and Marine Habitat Restoration Project Grants

13. Competition Identification Number:

2409024

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Bodega Water Company Large Storage Tank 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 CA-006 b. Program/Project CA-006

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2013 * b. End Date: 09/30/2016

18. Estimated Funding ($):

* a. Federal	1,478,918.58
* b. Applicant	0.00
* c. State	435,500.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,914,418.58

*** 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 02/19/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

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- [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: John

Middle Name:

* Last Name: Green

Suffix:

* Title: Lead Scientist

* Telephone Number: (707)823-5244 Fax Number: (707)823-5243

* Email: john@goldridgercd.org

* Signature of Authorized Representative: Brittany Heck * Date Signed: 02/19/2013

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:
02/19/2013	

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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: American Rivers

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
237305963	0810571680000

d. Address:

* Street1: 432 Broad St.
Street2:
* City: Nevada City
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95959-2408

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: Elizabeth
Middle Name:
* Last Name: Soderstrom
Suffix:

Title: Senior Director of Conservation

Organizational Affiliation:
American Rivers

* Telephone Number: 530-478-5694	Fax Number:

* Email: esoderstrom@amrivers.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2013-2003587

* Title:

FY 2013 Coastal and Marine Habitat Restoration Project Grants

13. Competition Identification Number:

2409024

Title:

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

Areas Affected by Project: with Congression [illegible] Delete Attachment View Attachment

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

Removal of Targeted Migration Barriers in Northern California and Southern Oregon

Attach supporting documents as specified in agency instructions.

Add Attachments [illegible] [illegible]

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-004
b. Program/Project: 00-000

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

Areas Affected by Project _with Congressio | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2013
* b. End Date: 09/30/2016

18. Estimated Funding ($):

* a. Federal	1,476,150.00
* b. Applicant	71,798.00
* c. State	0.00
* d. Local	0.00
* e. Other	1,058,249.00
* f. Program Income	0.00
* g. TOTAL	2,606,197.00

*** 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 02/19/2013

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

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

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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: Elizabeth
Middle Name:
* Last Name: Soderstrom
Suffix:

* Title: Senior Director of Conservation

* Telephone Number: 530-470-5694
Fax Number:

* Email: esoderstrom@amrivers.org

* Signature of Authorized Representative: Elizabeth Soderstrom
* Date Signed: 02/19/2013

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. Application Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Redding, California

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

d. Address:

* Street1: 777 Cypress Avenue
Street 2:
* City: Redding
County: Shasta
* State: California
Province:
Country: USA
*Zip/ Postal Code: 96001-2718

e. Organizational Unit:

Department Name: Support Services
Division Name: Airports

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

Prefix: Mr.
First Name: Rod
Middle Name: A.
* Last Name: Dinger
Suffix:

Title: Support Services Director/Airports Manager

Organizational Affiliation:
City of Redding, California

* Telephone Number: 530-224-4321
Fax Number: 530-224-4318

* Email: rdinger@ci.redding.ca.us

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

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration (FAA)

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

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

* 15. Descriptive Title of Applicant's Project:

Water Pollution Control Facility (Wash Rack) - Design Only

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant #02 * b. Program/Project: #02

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

17. Proposed Project:

* a. Start Date: 7/1/13 * b. End Date: 12/31/13

18. Estimated Funding ($):

*a. Federal	$45,000.00
*b. Applicant	$2,750.00
*c. State	$2,250.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$50,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 1/31/13
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Rod

Middle Name: A.

*Last Name: Dinger

Suffix:

*Title: Support Services Director/Airports Manager

*Telephone Number: 530-224-4321 Fax Number: 530-224-4318

*Email: rdinger@ci.redding.ca.us

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

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:

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: State of California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6001347

*c. Organizational DUNS: 172070807

d. Address:

*Street 1: P.O. Box 942896
Street 2:
*City: Sacramento
County: Sacramento
*State: CA
Province:
*Country: USA
*Zip / Postal Code 91296-0001

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e. Organizational Unit:

Department Name: Department of Parks and Recreation

Division Name: Office Of Historic Preservation

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

Prefix: Mr. *First Name: John
Middle Name: Raymond
*Last Name: Thomas
Suffix:

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

*Telephone Number: (916) 445-7024 Fax Number: (916) 445-7053

*Email: John.Thomas@parks.ca.gov

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:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.904

CFDA Title:

Historic Preservation Fund, Grants in Aid

***12 Funding Opportunity Number:**

SHPO-2013-HPF

*Title:

FY2013 SHPO Historic Preservation Fund Grants in Aid

13. Competition Identification Number:

N/A

Title:

N/A

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

State of California

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

20 State Historic Preservation Office Operations Grant

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: *b. Program/Project: See #15 Above

17. Proposed Project:

*a. Start Date: October 1, 2012 *b. End Date: September 30, 2014

18. Estimated Funding ($):

*a. Federal	$464,190.00
*b. Applicant	$309,460.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$773,650.00

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms *First Name: Carol

Middle Name:

*Last Name: Roland-Nawi

Suffix: PhD

*Title: State Historic Preservation Officer

*Telephone Number: (916)445-7050 Fax Number: (916) 445-7053

* Email: Carol.nawi@parks.ca.gov

*Signature of Authorized Representative: Carol Roland-Nawi *Date Signed: 2-13-13

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
2/21/13

Applicant Identifier

1. TYPE OF SUBMISSION:
Application
☐ Construction
☒ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name
Los Angeles County Metropolitan Transportation Authority

Organizational Unit:
Regional Grants Management

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

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Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Emma Nogales
(213) 922-3066

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95 - 4401975

7. TYPE OF APPLICANT: (*enter appropriate letter in box*) N

A State
B County
C Municipal
D Township
E Interstate
F Intermunicipal
G Special District
H Independent School Dist.
I State Controlled Institution of Higher Learning
J Private University
K Indian Tribe
L Individual
M Profit Organization
N Other (Specify) _____

State Chartered Transit District

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☒ Revision – A (Increase of Award)

If Revision, enter appropriate letter(s) in box(es):
A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY:
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
20500

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Section 5909 Fixed Guideway – PM Rail, CA-05-0273-02

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
2/1/12	12/31/12	Districts 26,28,31,32,34,35,37 and 38	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	2,879,547.00
b Applicant	$	.00
c State	$	.00
d Local	$	719,887.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	3,599,434.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 2/21/13
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 Typed Name of Authorized Representative	b Title	c Telephone number
Richard Christie	Transportation Planning Manager V, Regional Grants Management	(213) 922-6022

d. Signature of Authorized Representative	e. Date Signed
Richard Christie	2/21/13

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

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:
Completed by Grants.gov upon submission.	

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5a. Federal Entity Identifier:	5b. Federal Award Identifier:
Department of Commerce	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Susanne K Robins DBA Ascend Training Solutions

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
45-2630345	0783941170000

d. Address:

* Street1:	10829 Lindblade St.
Street2:	
* City:	Culver City
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90230-3741

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Ms.	* First Name:	Susanne
Middle Name:	Kelley		
* Last Name:	Robins		
Suffix:			

Title: President

Organizational Affiliation:
Ascend Training Solutions

* Telephone Number:	323-596-0002	Fax Number:	323-596-0002 x3

* Email: sue@ascendtrainingsolutions.com

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NOS-ORR-2013-2003595

* Title:

FY2013 Marine Debris Prevention, Education and Outreach Partnership Grants

13. Competition Identification Number:

2411878

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Educating Middle School students about the negative effects of debris carried to the ocean by the watershed they live in and how to have positive impact on the problem.

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: 37

b. Program/Project: multi

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/19/2013

* b. End Date: 08/14/2015

18. Estimated Funding ($):

* a. Federal	136,210.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	136,210.00

*** 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 02/28/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

* First Name: Susanne

Middle Name: Kelley

* Last Name: Robins

Suffix:

* Title: President

* Telephone Number: 323-596-0002

Fax Number: 323-596-0002 x3

* Email: sue@ascendtrainingsolutions.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: 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:
Completed by Grants.gov upon submission.	

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

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State Use Only:

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

FEB 27 2013

8. APPLICANT INFORMATION:

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* a. Legal Name: The CSU, Chico Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
680386510	6121771620000

d. Address:

* Street1: California State University, Chico - Bldg. 25
Street2:
* City: Chico
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95929-0870

e. Organizational Unit:

Department Name:	Division Name:
Dept of Mechanical Engineering	College of Engineering

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

Prefix: Dr. * First Name: Joseph
Middle Name:
* Last Name: Greene
Suffix: Ph.D

Title: Project Director

Organizational Affiliation:
California State University, Chico

* Telephone Number: 530-898-4977 Fax Number:

* Email: jpgreene@csuchico.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:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NOS-ORR-2013-2003594

* Title:

FY2013 Marine Debris Research Grants

13. Competition Identification Number:

2411847

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Fate, Persistence, and Sources of Marine Pollution in the Pacific Ocean

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-002
b. Program/Project: CA-002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2013
* b. End Date: 07/31/2015

18. Estimated Funding ($):

* a. Federal	239,696.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	239,696.00

*** 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 02/27/2013.

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

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

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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: Carol
Middle Name:
* Last Name: Sager
Suffix:

* Title: Director, Research and Sponsored Programs

* Telephone Number: 530-898-5700
Fax Number: 530-898-6804

* Email: casager@csuchico.edu

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

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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* 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: Monterey Bay Aquarium Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 942487469

* c. Organizational DUNS: 0586631620000

d. Address:

* Street1: 886 Cannery Row
Street2:
* City: Monterey
County/Parish: Monterey
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93940-1023

e. Organizational Unit:

Department Name: Education Programs

Division Name:

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

Prefix: Ms.
* First Name: Lisette
Middle Name:
* Last Name: Miles
Suffix:

Title: Director of Institutional Giving

Organizational Affiliation:

* Telephone Number: 831-647-6659
Fax Number:

* Email: lmiles@mbayaq.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NOS-ORR-2013-2003395

* Title:

FY2013 Marine Debris Prevention, Education and Outreach Partnership Grants

13. Competition Identification Number:

2411870

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Ocean Plastic Pollution Summit for Teachers

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-17
b. Program/Project: CA-17

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2013
* b. End Date: 07/31/2014

18. Estimated Funding ($):

* a. Federal	52,306.00
* b. Applicant	62,485.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	114,791.00

*** 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 02/28/2013.

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

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

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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: Edward
Middle Name:
* Last Name: Prohaska
Suffix:

* Title: Chief Financial Officer

* Telephone Number: 831-648-4808
Fax Number:

* Email: eprohaska@mbayaq.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: 04/31/2012

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. Application Identifier:

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

RECEIVED
FEB 28 2013
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California State Coastal Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3164968

*c. Organizational DUNS: 808322408

d. Address:

*Street1: 1330 Broadway, 13th floor
Street 2:
*City: Oakland
County: Alameda
*State: California
Province:
Country: USA
*Zip/ Postal Code: 94612

e. Organizational Unit:

Department Name: Division Name:

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

Prefix: Dr. First Name: Joel
Middle Name:
*Last Name: Gerwein
Suffix:

Title: Project Manager

Organizational Affiliation:
California State Coastal Conservancy

*Telephone Number: 510-286-4170 Fax Number: 510-286-0470

*Email: jgerwein@scc.ca.gov

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.623

CFDA Title:

NAWCA U.S. Standard Grants

*12. Funding Opportunity Number: 15.623

*Title: NAWCA U.S. Standard Grants

13. Competition Identification Number:

Title:

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

Humboldt County and Del Norte County, California

*15. Descriptive Title of Applicant's Project:

Redwood Coast Wetlands II

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant *b. Program/Project: California District 2

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

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	$999,999.00
*b. Applicant	$329,500.00
*c. State	$384,808.00
*d. Local	$30,457.00
*e. Other	$1,340,213.00
*f. Program Income	
*g. TOTAL	$3,084,977.00

***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 2/28/2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: *First Name: Mary

Middle Name:

*Last Name: Small

Suffix:

*Title: Deputy Director

*Telephone Number: 510-286-1015 Fax Number: 510-286-0470

*Email: msmall@scc.ca.gov

*Signature of Authorized Representative: Mary Small Date Signed: 2/28/2013