

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16 - 28, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

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

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

4. Applicant Identifier: _____

5a. Federal Entity Identifier: _____

* 5b. Federal Award Identifier: _____

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: _____

8. APPLICANT INFORMATION:

* a. Legal Name: STANISLAUS COUNTY

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000540

* c. Organizational DUNS: 078036772

d. Address:

* Street 1: 1010 10TH STREET, SUITE 3100

Street 2: _____

* City: MODesto

County/Parish: STANISLAUS

* State: CALIFORNIA

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 95354

e. Organizational Unit:

Department Name: PLANNING AND COMMUNITY DEVELOPMENT

Division Name: COMMUNITY DEVELOPMENT

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

Prefix: _____ * First Name: ANGELA

Middle Name: _____

* Last Name: BRENTAS

Suffix: _____

Title: DIRECTOR

Organizational Affiliation: _____

* Telephone Number: (209) 525-6380

Fax Number: (209) 525-5911

* Email: angela@stancounty.com

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FEB 18 2014
STATE CLEARINGHOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

BA County

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U.S. DEPARTMENT OF AGRICULTURE

11. Catalog of Federal Domestic Assistance Number:

10-760

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

EMPIRE, STANISLAUS COUNTY, CA

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

EMPIRE STORM DRAIN PROJECT
Installation of a positive storm drain collection system for the entire community of Empire. The storm drain collection system includes associated installation of curb, gutter, and street repairs. See Attachment 1.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|--|
| * a. Federal | <input type="text" value="\$12,465,000.00"/> |
| * b. Applicant | <input type="text" value="\$1,200,000.00"/> |
| * c. State | <input type="text" value=""/> |
| * d. Local | <input type="text" value=""/> |
| * e. Other | <input type="text" value=""/> |
| * f. Program Income | <input type="text" value=""/> |
| * g. TOTAL | <input type="text" value="\$13,665,000.00"/> |

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

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

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

Yes No

If "Yes, provide explanation and attach.

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

I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:



DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

1010 10TH Street, Suite 3400, Modesto, CA 95354
Phone: 209.525.6330 Fax: 209.525.5911

February 12, 2014

California State Clearinghouse
Governor's Office of Planning & Research
P.O. Box 3044
Sacramento, CA 95812

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To Whom It May Concern,

Stanislaus County will submit an Application for funds to the United States Department of Agriculture (USDA) for the Empire Storm Drain Project. The purpose of the Empire Storm Drain Project is to provide a modern, low maintenance, storm drainage system for the disadvantaged rural community of Empire.

As part of the "Pre-Application", USDA requires that a cover letter and the completed Form SF 424 be submitted to State and Local Clearinghouses. Attached you will find Form SF 424 also known as "Application for Federal Assistance".

If you have any questions please feel free to contact me at 209-525-6330 or via email at angela@stancounty.com.

Sincerely,

Angela Freitas
Director

| Application for Federal Assistance SF-424 | | |
|--|--|---|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision | * If Revision, select appropriate letter(s): A * Other (Specify): |
| * 3. Date Received: | 4. Applicant Identifier: CA Department of Food and Agriculture | |
| 5a. Federal Entity Identifier: | * 5b. Federal Award Identifier: 14-8506-1164-CA | |
| State Use Only: | | |
| 6. Date Received by State: 02/10/14 | 7. State Application Identifier: 13-0326-FR | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: State of California | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104 | * c. Organizational DUNS: 807487665 | |
| d. Address: | | |
| * Street1: 3294 Meadowview Road | | |
| Street2: | | |
| * City: Sacramento | | |
| County: Sacramento | | |
| * State: California | | |
| Province: | | |
| * Country: USA: UNITED STATES | | |
| * Zip / Postal Code: 95832 | | |
| e. Organizational Unit: | | |
| Department Name: Food and Agriculture | Division Name: Plant Health and Pest Prevention Services | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: | * First Name: Duane | |
| Middle Name: L | | |
| * Last Name: Schnabel | | |
| Suffix: | | |
| Title: Branch Chief | | |
| Organizational Affiliation: | | |
| * Telephone Number: 916-654-0312 | Fax Number: 916-654-0986 | |
| * Email: duane.schnabel@cdfa.ca.gov | | |

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Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Light Brown Apple Moth Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA; 3rd

* b. Program/Project **Statewide**

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

17. Proposed Project:

* a. Start Date: **10/01/13**

* b. End Date: **09/30/14**

18. Estimated Funding (\$):

* a. Federal \$800,000

* b. Applicant

* c. State \$0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$800,000

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

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

02/19/2014

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: **Crystal**

Middle Name:

* Last Name: **Myers**

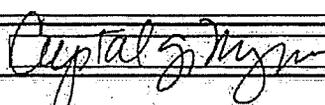
Suffix:

* Title: **Federal Funds Manager**

* Telephone Number: **916-403-6533**

Fax Number:

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

* Signature of Authorized Representative: 

* Date Signed: **2/18/2014**

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

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

[Empty text box for explanation]

Application for Federal Assistance SF-424

Version 02

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

| | |
|-------------------------------------|---|
| 3. Date Received: 2/18/14 | 4. Applicant Identifier: 1666 |
|-------------------------------------|---|

| | |
|---|---|
| 5a. Federal Entity Identifier: 1666 | *5b. Federal Award Identifier: 1666 |
|---|---|

State Use Only:

| | |
|---|--|
| 6. Date Received by State: 2/18/14 | 7. State Application Identifier: 1666 |
|---|--|

8. APPLICANT INFORMATION:

***a. Legal Name:** City of Torrance (Torrance Transit System)

| | |
|---|--|
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000803 | *c. Organizational DUNS: 136190357 |
|---|--|

d. Address:

*Street 1: 20500 Madrona Avenue
Street 2: _____
*City: Torrance
County: Los Angeles
*State: California
Province: _____
*Country: United States
*Zip / Postal Code 90503

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STATE CLEARING HOUSE

e. Organizational Unit:

| | |
|------------------------------------|---|
| Department Name: Transit | Division Name: Administration |
|------------------------------------|---|

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

Prefix: Mr. *First Name: Jim
Middle Name: _____
*Last Name: Mills
Suffix: _____

Title: Administration Manager

Organizational Affiliation:
Division Manager

*Telephone Number: 310.618.6291 Fax Number: 310.618.6229

*Email: jmills@torranceca.gov

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:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20507 _____

CFDA Title:

***12 Funding Opportunity Number:**

CMAQ _____

*Title:

CMAQ Operating Assistance _____

13. Competition Identification Number:

Title:

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

City of Torrance/ Los Angeles County/Southern California.

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

CA-95-X240 - FY2013 Call For Projects (Replacement Buses FY2007 & FY2009 CFP) Torrance Transit System

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 33/43

*b. Program/Project: 33/43

17. Proposed Project:

*a. Start Date: 07/01/2013

*b. End Date: 12/31/2016

18. Estimated Funding (\$):

| | |
|--------------------|-------------|
| *a. Federal | \$5,961,008 |
| *b. Applicant | \$1,749,792 |
| *c. State | \$0 |
| *d. Local | \$0 |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | \$7,710,800 |

***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 2/18/14
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- 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: Jim

Middle Name: _____

*Last Name: Mills

Suffix: _____

*Title: Administration Manager

*Telephone Number: 310.618.6291

Fax Number: 310.618.6229

* Email: jmills@torranceca.gov

*Signature of Authorized Representative:

*Date Signed:



CITY OF TORRANCE

TRANSIT DEPARTMENT
Administration Division

Kim Turner
Transit Director

Jim Mills
Administration Manager

Jim Mills
Transit Administration Manager
310-618-6291
jmills@TorranceCa.Gov

February 18, 2014

Mr. Steve Nissen, Director
State Clearing House
Governor's Office of Planning and Research
P.O. Box 3044
Sacramento, California 95812-3044

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FEB 19 2014
STATE CLEARINGHOUSE

RE: Executive Order 12372 Intergovernmental Review

Dear Mr. Nissen,

Pursuant to a directive by the Federal Transit Administration Los Angeles Metro Office, please find enclosed the City of Torrance Transit System Section 5309 amended Capital Grant CA-95-X204-01 application and form SF 424 "Application for Federal Assistance" which will assist in the purchase of six(6) alternate fuel 40-foot transit bus.

It is my understanding this intergovernmental review was ordered to foster an intergovernmental partnership and a strengthened federalism by relying on State and local processes for the State and local coordination, and review of proposed Federal financial assistance and direct Federal development.

The forwarding of our grant application and SF 424 to your office meets that requirement. Should you have any questions, please do not hesitate to contact me at (310) 618-6291.

Sincerely,


James R. Mills
Transit Administration Manager

Cc: Enclosure

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:

2/18/14

4. Applicant Identifier:

1666

5a. Federal Entity Identifier:

1666

*5b. Federal Award Identifier:

1666

State Use Only:

6. Date Received by State: 2/18/14

7. State Application Identifier: 1666

RECEIVED

8. APPLICANT INFORMATION:

*a. Legal Name: City of Torrance (Torrance Transit System)

FEB 19 2014

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

95-6000803

*c. Organizational DUNS:

136190357

STATE CLEARINGHOUSE

d. Address:

*Street 1: 20500 Madrona Avenue

Street 2: _____

*City: Torrance

County: Los Angeles

*State: California

Province: _____

*Country: United States

*Zip / Postal Code: 90503

e. Organizational Unit:

Department Name:

Transit

Division Name:

Administration

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

Prefix: Mr. *First Name: Jim

Middle Name: _____

*Last Name: Mills

Suffix: _____

Title: Administration Manager

Organizational Affiliation:

Division Manager

*Telephone Number: 310.618.6291

Fax Number: 310.618.6229

*Email: jmill@torranceca.gov

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:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20507 _____

CFDA Title:

***12 Funding Opportunity Number:**

5307 _____

*Title:

Urbanized Area Formula (Section 5307) _____

13. Competition Identification Number:

Title:

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

City of Torrance/ Los Angeles County/Southern California.

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

CA-90-Z126 "FY14 PM, Tires, Remodel, Tanks and Roof"

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 33/43

*b. Program/Project: 33/43

17. Proposed Project:

*a. Start Date: 01/01/2014

*b. End Date: 12/31/2016

18. Estimated Funding (\$):

| | |
|--------------------|-----------------------------|
| *a. Federal | \$3,980,722 |
| *b. Applicant | \$0 |
| *c. State | \$119,278 |
| *d. Local | |
| *e. Other | Toll Credits - \$720,000 |
| *f. Program Income | |
| *g. TOTAL | \$4,100,000 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 2/18/14.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- 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: Jim

Middle Name: _____

*Last Name: Mills

Suffix: _____

*Title: Administration Manager

*Telephone Number: 310.618.6291

Fax Number: 310.618.6229

* Email: jmills@torranceca.gov

*Signature of Authorized Representative:

*Date Signed:



CITY OF TORRANCE

TRANSIT DEPARTMENT
Administration Division

Kim Turner
Transit Director

Jim Mills
Administration Manager

Jim Mills
Transit Administration Manager
310-618-6291
jmills@TorranceCa.Gov

February 18, 2014

Mr. Steve Nissen, Director
State Clearing House
Governor's Office of Planning and Research
P.O. Box 3044
Sacramento, California 95812-3044

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FEB 19 2014
STATE CLEARING HOUSE

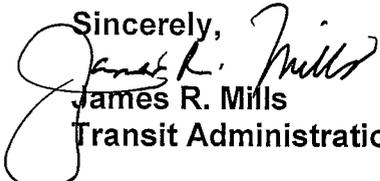
RE: Executive Order 12372 Intergovernmental Review

Dear Mr. Nissen,

Pursuant to a directive by the Federal Transit Administration Los Angeles Metro Office, please find enclosed the City of Torrance Transit System Section 5307 Capital Grant CA-90-Z126 application and form SF 424 "Application for Federal Assistance" which will assist in the purchase of above ground storage tanks, bus tires, remodeling of the dispatch and parts room, roof replacement on the transit facility and in support of the preventive maintenance of our bus fleet.

It is my understanding this intergovernmental review was ordered to foster an intergovernmental partnership and a strengthened federalism by relying on State and local processes for the State and local coordination, and review of proposed Federal financial assistance and direct Federal development.

The forwarding of our grant application and SF 424 to your office meets that requirement. Should you have any questions, please do not hesitate to contact me at (310) 618-6291.

Sincerely,

James R. Mills
Transit Administration Manager

Cc: Enclosure

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|--|---|------------------------------------|---|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED | Applicant Identifier N/A |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Pre-application | 3. DATE RECEIVED BY STATE | State Application Identifier SAI-EXEMPT |
| <input type="checkbox"/> Non-Construction | <input type="checkbox"/> Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier 06-01758 |

5. APPLICANT INFORMATION

| | | | |
|---|---------------------|--|--|
| Legal Name: California - Department of Parks and Recreation | | Organizational Unit: Department: California Department of Parks and Recreation | |
| Organizational DUNS: 172070807 | | Division: Office of Grants and Local Services | |
| Address: Street: PO Box 942896 | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean | |
| City: Sacramento | | Middle Name | |
| County: Sacramento | | Last Name Lacher FEB 19 2014 | |
| State: California | Zip Code 94296-0001 | Suffix: | |
| Country: USA | | Email: Jean.Lacher@parks.ca.gov STATE CLEARING HOUSE | |

| | | | |
|--|--|---|---|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606 | | Phone Number (give area code) (916) 651-8597 | Fax Number (give area code) (916) 653-6511 |
|--|--|---|---|

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

| | | | |
|---|--|---|--|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916 | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: County of San Diego, Parks and Recreation Tijuana River Valley Regional Park 2724 Monument Road San Diego, CA 92154 | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-1870402 | | 9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service | |

| | | | |
|---|--|--|--|
| 13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2017 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 51 | |
|---|--|--|--|

| | | | |
|------------------------|-----------------|--|--|
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 923,563.00 | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/19/2014 | |
| b. Applicant | \$ | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| c. State | \$ 99,355.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d. Local | \$ 1,320,000.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| e. Other | \$ | | |
| f. Program Income | \$ | | |
| g. TOTAL | \$ 2,342,918.00 | | |

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

| | | | |
|---|-----------------|--|--|
| a. Authorized Representative | | | |
| Prefix Ms. | First Name Jean | Middle Name | |
| Last Name Lacher | | Suffix | |
| b. Title Chief | | c. Telephone Number (give area code) (916) 651-8597 | |
| d. Signature of Authorized Representative <i>Jean Lacher</i> | | e. Date Signed 2-19-14 | |

Application for Federal Assistance SF-424

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

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

| | |
|--|---|
| 5a. Federal Entity Identifier: _____ | 5b. Federal Award Identifier: _____ |
|--|---|

State Use Only:

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

8. APPLICANT INFORMATION:

| | |
|--|--|
| * a. Legal Name: California Department of Fish and Wildlife | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 941697567 | * c. Organizational DUNS: 8083223580000 |

RECEIVED
FEB 20 2014
STATE CLEARINGHOUSE

d. Address:

| |
|--|
| * Street1: 830 "S" Street |
| Street2: _____ |
| * City: Sacramento |
| County/Parish: _____ |
| * State: CA: California |
| Province: _____ |
| * Country: USA: UNITED STATES |
| * Zip / Postal Code: 95811-7023 |

e. Organizational Unit:

| | |
|---|--|
| Department Name: Fish and Wildlife | Division Name: Wildlife and Fisheries |
|---|--|

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

| | |
|---|---------------------------------|
| Prefix: Ms. | * First Name: Patty |
| Middle Name: _____ | |
| * Last Name: Forbes | |
| Suffix: _____ | |
| Title: Senior Environmental Scientist | |
| Organizational Affiliation: Coordinator CDFW Fisheries Restoration Grant Program | |
| * Telephone Number: 916-327-8842 | Fax Number: 916-327-8854 |
| * Email: patty.forbes@wildlife.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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.438

CFDA Title:

Pacific Coast Salmon Recovery_Pacific Salmon Treaty Program

*** 12. Funding Opportunity Number:**

NOAA-NMFS-NWRO-2014-2003967

* Title:

Pacific Coastal Salmon Recovery Fund

13. Competition Identification Number:

2462225

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

CA Department of Fish and Wildlife Fisheries Restoration Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|--|
| * a. Federal | <input type="text" value="25,000,000.00"/> |
| * b. Applicant | <input type="text"/> |
| * c. State | <input type="text" value="4,900,000.00"/> |
| * d. Local | <input type="text"/> |
| * e. Other | <input type="text" value="3,350,000.00"/> |
| * f. Program Income | <input type="text"/> |
| * g. TOTAL | <input type="text" value="33,250,000.00"/> |

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

| | | |
|--|--|---|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * 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: G1498003 |
|----------------------------------|---|

8. APPLICANT INFORMATION:

| | | |
|--------------------------------------|--|---|
| * a. Legal Name: STATE OF CALIFORNIA | * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567 | * c. Organizational DUNS: 8083223580000 |
|--------------------------------------|--|---|

RECEIVED
FEB 21 2014
STATE CLEARING HOUSE

d. Address:

| | |
|----------------------|--------------------|
| * Street1: | 1831 9TH STREET |
| Street2: | _____ |
| * City: | SACRAMENTO |
| County: | _____ |
| * State: | CA: California |
| Province: | _____ |
| * Country: | USA: UNITED STATES |
| * Zip / Postal Code: | 95811-7011 |

e. Organizational Unit:

| | |
|--------------------------------|--|
| Department Name: 95811-7011 | Division Name: GRANTS MANAGEMENT BRANCH |
|--------------------------------|--|

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

| | |
|---------------------|---------------------|
| Prefix: _____ | * First Name: KHANH |
| Middle Name: _____ | |
| * Last Name: NGUYEN | |
| Suffix: _____ | |

| |
|----------------------------|
| Title: Grant Administrator |
|----------------------------|

| |
|--------------------------------------|
| Organizational Affiliation: _____ |
|--------------------------------------|

| | |
|----------------------------------|-------------------|
| * Telephone Number: 916-445-3525 | Fax Number: _____ |
|----------------------------------|-------------------|

| |
|---------------------------------------|
| * Email: KHANH.NGUYEN@WILDLIFE.CA.GOV |
|---------------------------------------|

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:**

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

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

Population Dynamics of Hatchery and Wild Trout in Lentic Waters of the Sierra Nevada

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-006

* b. Program/Project CA-a11

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

17. Proposed Project:

* a. Start Date: 07/01/2014

* b. End Date: 06/30/2015

18. Estimated Funding (\$):

| | |
|---------------------|------------|
| * a. Federal | 101,208.00 |
| * b. Applicant | 0.00 |
| * c. State | 33,736.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 134,944.00 |

* 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 02/21/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Lisa

Middle Name:

* Last Name: Bays

Suffix:

* Title: SSMI

* Telephone Number: (916) 445-3701 Fax Number:

* Email: lisa.bays@wildlife.ca.gov

* 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

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

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

| | |
|---|--|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: _____ |
|---|--|

RECEIVED

State Use Only:

| | |
|----------------------------------|---|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1498003 |
|----------------------------------|---|

8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

| |
|--------------------------------------|
| * a. Legal Name: STATE OF CALIFORNIA |
|--------------------------------------|

RECEIVED

| | |
|--|---|
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567 | * c. Organizational DUNS: 8083223580000 |
|--|---|

FEB 21 2014

d. Address:

| | |
|---------------------------------|----------------------|
| * Street1: 1831 9TH STREET | STATE CLEARING HOUSE |
| Street2: _____ | |
| * City: SACRAMENTO | |
| County: _____ | |
| * State: CA: California | |
| Province: _____ | |
| * Country: USA: UNITED STATES | |
| * Zip / Postal Code: 95811-7011 | |

e. Organizational Unit:

| | |
|-----------------------------|---|
| Department Name: 95811-7011 | Division Name: GRANTS MANAGEMENT BRANCH |
|-----------------------------|---|

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

| | |
|---------------------|---------------------|
| Prefix: _____ | * First Name: KHANH |
| Middle Name: _____ | |
| * Last Name: NGUYEN | |
| Suffix: _____ | |

| |
|----------------------------|
| Title: Grant Administrator |
|----------------------------|

| |
|--------------------------------------|
| Organizational Affiliation: _____ |
|--------------------------------------|

| | |
|----------------------------------|-------------------|
| * Telephone Number: 916-445-3525 | Fax Number: _____ |
|----------------------------------|-------------------|

| |
|---------------------------------------|
| * Email: KHANH.NGUYEN@WILDLIFE.CA.GOV |
|---------------------------------------|

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:**

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

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

Population Dynamics of Hatchery and Wild Trout in Lentic Waters of the Sierra Nevada

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|---|
| * a. Federal | <input type="text" value="101,208.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="33,736.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="134,944.00"/> |

* 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Redacted]

* Other (Specify):

[Redacted]

* 3. Date Received:

02/21/2014

4. Applicant Identifier:

[Redacted]

5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

[Redacted] RECEIVED

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

FEB 21 2014

8. APPLICANT INFORMATION:

STATE CLEARINGHOUSE

* a. Legal Name:

1050 Kendra Pl., L.P.

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

46-3010448

* c. Organizational DUNS:

0790956800000

d. Address:

* Street1:

5947 Varial Avenue

Street2:

[Redacted]

* City:

Woodland Hills

County/Parish:

[Redacted]

* State:

CA: California

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91367-5111

e. Organizational Unit:

Department Name:

[Redacted]

Division Name:

[Redacted]

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

Prefix:

[Redacted]

* First Name:

Justin

Middle Name:

[Redacted]

* Last Name:

Hardt

Suffix:

[Redacted]

Title:

Executive Vice President

Organizational Affiliation:

[Redacted]

* Telephone Number:

818-905-2430

Fax Number:

818-905-2440

* Email:

jhardt@corpoffices.org

Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

limited partnership with non-profit GP.

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Rural Housing Services, USDA

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

Remove Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

See attached description

Attach supporting documents as specified in agency instructions.

Add Attachments

Remove Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-027

* b. Program/Project CA-016

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

[Empty text box for additional list of districts]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 08/16/2013

* b. End Date: 05/01/2014

18. Estimated Funding (\$):

| | |
|---------------------|---------------|
| * a. Federal | 2,964,019.00 |
| * b. Applicant | 449,873.00 |
| * c. State | |
| * d. Local | |
| * e. Other | 8,365,988.00 |
| * f. Program Income | |
| * g. TOTAL | 11,779,880.00 |

* 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 02/21/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

[Empty text box for explanation]

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: [Empty] * First Name: Justin
 Middle Name: [Empty]
 * Last Name: Hardt
 Suffix: [Empty]

* Title: Executive Vice President

* Telephone Number: 818-905-2430 Fax Number: 818-905-2440

* Email: jhardy@corpoffices.org

* Signature of Authorized Representative: [Handwritten Signature]

* Date Signed: 02/21/2014

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

Application for Federal Assistance SF-424

Version 02

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

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

| | |
|---|---|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: F14AS00033 |
|---|---|

RECEIVED

| | |
|---|---|
| State Use Only: 6. Date Received by State: _____ | 7. State Application Identifier: G1498008 |
|---|---|

FEB 24 2014

| |
|---|
| 8. APPLICANT INFORMATION: * a. Legal Name: STATE OF CALIFORNIA |
|---|

STATE CLEARINGHOUSE

| | |
|---|--|
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567 | * c. Organizational DUNS: 8083223580000 |
|---|--|

| | |
|----------------------------------|------------------------------------|
| d. Address: | |
| * Street1: 1831 9TH STREET | Street2: _____ |
| * City: SACRAMENTO | County: _____ |
| * State: CA: California | Province: _____ |
| * Country: USA: UNITED STATES | * Zip / Postal Code: 95811-7011 |

| | |
|---------------------------|-------------------------|
| 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: PETE |
| Middle Name: _____ | * Last Name: MARCELLANA |
| Suffix: _____ | Title: GRANTS ADMINISTRATOR |

| | |
|---|----------------------|
| Organizational Affiliation: _____ | |
| * Telephone Number: 916-445-4658 | Fax Number: _____ |
| * Email: PETE.MARCELLANA@WILDLIFE.CA.GOV | |

| | |
|--|-------------------|
| Application for Federal Assistance SF-424 | Version 02 |
| 9. Type of Applicant 1: Select Applicant Type: <input type="text" value="A: State Government"/> | |
| Type of Applicant 2: Select Applicant Type: <input type="text"/> | |
| Type of Applicant 3: Select Applicant Type: <input type="text"/> | |
| * Other (specify): <input type="text"/> | |
| * 10. Name of Federal Agency: <input type="text" value="Fish and Wildlife Service"/> | |
| 11. Catalog of Federal Domestic Assistance Number: <input type="text" value="15.605"/> | |
| CFDA Title: <input type="text" value="Sport Fish Restoration Program"/> | |
| * 12. Funding Opportunity Number: <input type="text" value="F14A800033"/> | |
| * Title: <input type="text" value="R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies"/> | |
| 13. Competition Identification Number: <input type="text"/> | |
| Title: <input type="text"/> | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="Humboldt County"/> | |
| * 15. Descriptive Title of Applicant's Project: <input type="text" value="JUVENILE ANADROMOUS SALMONID (SMOLT) ABUNDANCE IN REDWOOD CREEK"/> | |
| Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/> | |

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-005

* b. Program/Project CA-01

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

17. Proposed Project:

* a. Start Date: 07/01/2014

* b. End Date: 06/30/2015

18. Estimated Funding (\$):

| | |
|---------------------|-----------|
| * a. Federal | 40,782.00 |
| * b. Applicant | 0.00 |
| * c. State | 13,594.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 54,376.00 |

* 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 02/19/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: LISA

Middle Name:

* Last Name: BAYS

Suffix:

* Title: SSMI

* Telephone Number: 916-445-3701 Fax Number:

* Email: LISA.BAYS@WILDLIFE.CA.GOV

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004
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)

[]

RECEIVED

* 3. Date Received:

02/21/2014

4. Applicant Identifier:

[]

FEB 24 2014

5a. Federal Entity Identifier:

[]

* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

G1498004

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9TH STREET

Street2:

[]

* City:

SACRAMENTO

County:

[]

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

95811-7011

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

[]

* First Name:

KHANH

Middle Name:

[]

* Last Name:

NGUYEN

Suffix:

[]

Title:

Grant Administrator

Organizational Affiliation:

[]

* Telephone Number:

916-445-3525

Fax Number:

[]

* Email:

KHANH.NGUYEN@WILDLIFE.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:**

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

Title:

R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

Lake County

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

Clear Lake Fisheries Resource Assessment

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 | <input type="text" value="CA-006"/> | * b. Program/Project <input type="text" value="CA-003"/> |
| Attach an additional list of Program/Project Congressional Districts if needed. | | |
| <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> | | |
| 17. Proposed Project: | | |
| * a. Start Date: | <input type="text" value="07/01/2014"/> | * b. End Date: <input type="text" value="06/30/2015"/> |
| 18. Estimated Funding (\$): | | |
| * a. Federal | <input type="text" value="83,219.00"/> | |
| * b. Applicant | <input type="text" value="0.00"/> | |
| * c. State | <input type="text" value="27,740.00"/> | |
| * d. Local | <input type="text" value="0.00"/> | |
| * e. Other | <input type="text" value="0.00"/> | |
| * f. Program Income | <input type="text" value="0.00"/> | |
| * g. TOTAL | <input type="text" value="110,959.00"/> | |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | | |
| <input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on | | <input type="text" value="02/21/2014"/> |
| <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. | | |
| <input type="checkbox"/> c. Program is not covered by E.O. 12372. | | |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | |
| <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/> |
| 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) | | |
| <input checked="" type="checkbox"/> ** I AGREE | | |
| ** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | | |
| Authorized Representative: | | |
| Prefix: | <input type="text"/> | * First Name: <input type="text" value="Lisa"/> |
| Middle Name: | <input type="text"/> | |
| * Last Name: | <input type="text" value="Bays"/> | |
| Suffix: | <input type="text"/> | |
| * Title: | <input type="text" value="SSMI"/> | |
| * Telephone Number: | <input type="text" value="(916) 445-3701"/> | Fax Number: <input type="text"/> |
| * Email: | <input type="text" value="lisa.bays@wildlife.ca.gov"/> | |
| * Signature of Authorized Representative: | <input type="text" value="Lisa Bays"/> | * Date Signed: <input type="text" value="02/21/2014"/> |

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

Application for Federal Assistance SF-424 Version 02

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

| | |
|--|--|
| <p>* 3. Date Received:</p> <input type="text" value="02/21/2014"/> | <p>4. Applicant Identifier:</p> <input type="text"/> |
|--|--|

RECEIVED

| | |
|--|---|
| <p>5a. Federal Entity Identifier:</p> <input type="text"/> | <p>* 5b. Federal Award Identifier:</p> <input type="text"/> |
|--|---|

FEB 24 2014

STATE CLEARING HOUSE

State Use Only:

| | |
|--|---|
| <p>6. Date Received by State:</p> <input type="text"/> | <p>7. State Application Identifier: <input type="text" value="G1498027"/></p> |
|--|---|

8. APPLICANT INFORMATION:

| | | |
|--|---|--|
| <p>* a. Legal Name: <input type="text" value="STATE OF CALIFORNIA"/></p> | | |
| <p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="94-1697567"/> | <p>* c. Organizational DUNS:</p> <input type="text" value="8083223580000"/> | |

d. Address:

| | |
|----------------------|---|
| * Street1: | <input type="text" value="1831 9TH STREET"/> |
| Street2: | <input type="text"/> |
| * City: | <input type="text" value="SACRAMENTO"/> |
| County: | <input type="text"/> |
| * State: | <input type="text" value="CA: California"/> |
| Province: | <input type="text"/> |
| * Country: | <input type="text" value="USA: UNITED STATES"/> |
| * Zip / Postal Code: | <input type="text" value="95811-7011"/> |

e. Organizational Unit:

| | |
|---|---|
| <p>Department Name:</p> <input type="text" value="95811-7011"/> | <p>Division Name:</p> <input type="text" value="GRANTS MANAGEMENT BRANCH"/> |
|---|---|

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

| | | | |
|--------------|-------------------------------------|---------------|------------------------------------|
| Prefix: | <input type="text"/> | * First Name: | <input type="text" value="KHANH"/> |
| Middle Name: | <input type="text"/> | | |
| * Last Name: | <input type="text" value="NGUYEN"/> | | |
| Suffix: | <input type="text"/> | | |

Title:

Organizational Affiliation:

| | |
|---|----------------------------------|
| * Telephone Number: <input type="text" value="916-445-3525"/> | Fax Number: <input type="text"/> |
|---|----------------------------------|

* Email:

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: <input type="text" value="A: State Government"/> Type of Applicant 2: Select Applicant Type: <input type="text"/> Type of Applicant 3: Select Applicant Type: <input type="text"/> * Other (specify): <input type="text"/> | |
| * 10. Name of Federal Agency: <input type="text" value="Fish and Wildlife Service"/> | |
| 11. Catalog of Federal Domestic Assistance Number: <input type="text" value="15.605"/> CFDA Title: <input type="text" value="Sport Fish Restoration Program"/> | |
| * 12. Funding Opportunity Number: <input type="text" value="F14AS00033"/> - Title: <input type="text" value="R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies"/> | |
| 13. Competition Identification Number: <input type="text"/> Title: <input type="text"/> | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="Butte, Colusa, Glen, Sacramento, San Joaquin, Sutter, and Yolo counties"/> | |
| * 15. Descriptive Title of Applicant's Project: <input type="text" value="Lower Sacramento River Anadromous Fish Restoration"/> | |
| Attach supporting documents as specified in agency instructions. <div style="display: flex; justify-content: space-around;"> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/> </div> | |

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-ALL

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014

* b. End Date: 06/30/2015

18. Estimated Funding (\$):

| | |
|---------------------|------------|
| * a. Federal | 357,437.00 |
| * b. Applicant | 0.00 |
| * c. State | 119,146.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 476,583.00 |

* 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 02/21/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title: SSMI

* Telephone Number: (916) 445-3701 Fax Number:

* Email: lisa.bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays * Date Signed: 02/21/2014

Application for Federal Assistance SF-424

Version 02

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

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

| | |
|--|---|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: _____ |
|--|---|

RECEIVED

State Use Only:

| | | |
|---|--|--------------------|
| 6. Date Received by State: _____ | 7. State Application Identifier: G1498002 | FEB 24 2014 |
|---|--|--------------------|

8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

| |
|---|
| * a. Legal Name: STATE OF CALIFORNIA |
|---|

| | |
|--|---|
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567 | * c. Organizational DUNS: 8083223580000 |
|--|---|

d. Address:

| |
|--|
| * Street1: 1831 9TH STREET |
| Street2: _____ |
| * City: SACRAMENTO |
| County: _____ |
| * State: CA: California |
| Province: _____ |
| * Country: USA: UNITED STATES |
| * Zip / Postal Code: 95811-7011 |

e. Organizational Unit:

| | |
|---------------------------------------|---|
| Department Name: 95811-7011 | Division Name: GRANTS MANAGEMENT BRANCH |
|---------------------------------------|---|

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

| | |
|----------------------------|----------------------------|
| Prefix: _____ | * First Name: KHANH |
| Middle Name: _____ | |
| * Last Name: NGUYEN | |
| Suffix: _____ | |

| |
|---------------------|
| Title: _____ |
|---------------------|

| |
|---|
| Organizational Affiliation: _____ |
|---|

| | |
|---|--------------------------|
| * Telephone Number: 916-445-3525 | Fax Number: _____ |
|---|--------------------------|

| |
|--|
| * Email: KHANH.NGUYEN@WILDLIFE.CA.GOV |
|--|

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:**

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

Alpine, Amador, Calaveras, El Dorado, Lake, Nevada, Placer, Plumas, Sacramento, and Sierra Counties

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

North Central Region Sport Fish Management

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant:

* b. Program/Project:

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|---|
| * a. Federal | <input type="text" value="186,176.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="62,059.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="248,235.00"/> |

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

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

| | |
|--|---|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: _____ |
|--|---|

RECEIVED

| | | |
|------------------------|---|--|
| State Use Only: | 6. Date Received by State: _____ | 7. State Application Identifier: G1498005 |
|------------------------|---|--|

FEB 24 2014

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*** a. Legal Name:** STATE OF CALIFORNIA

| | |
|--|---|
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567 | * c. Organizational DUNS: 8083223580000 |
|--|---|

d. Address:

*** Street1:** 1416 9TH STREET
Street2: _____
*** City:** SACRAMENTO
County: _____
*** State:** CA: California
Province: _____
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 95811-7011

e. Organizational Unit:

| | |
|--|---|
| Department Name: FISH AND WILDLIFE | Division Name: GRANTS MANAGEMENT BRANCH |
|--|---|

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

Prefix: _____ *** First Name:** KHANH
Middle Name: _____
*** Last Name:** NGUYEN
Suffix: _____

Title: ASSOCIATE GOVERNMENTAL PROGRAM ANALYST

Organizational Affiliation:

*** Telephone Number:** (916) 445-3525 **Fax Number:** _____

*** Email:** KHANH.NGUYEN@WILDLIFE.CA.GOV

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:**

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

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

FISH FEED PROCUREMENT FOR TRIPLOID (STERILE) RAINBOW TROUT

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|---|
| * a. Federal | <input type="text" value="373,890.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="124,630.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="498,520.00"/> |

* 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

| | |
|-------------------------------------|--|
| * 3. Date Received: _____ | 4. Applicant Identifier: _____ |
|-------------------------------------|--|

RECEIVED
FEB 26 2014

| | |
|--|---|
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: _____ |
|--|---|

State Use Only:

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

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

*** a. Legal Name:** County of Imperial- Fire Department

| | |
|--|---|
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000924 | * c. Organizational DUNS: 073354573 |
|--|---|

d. Address:

| |
|---|
| * Street1: 1078 Dogwood Road Ste 104 |
| Street2: _____ |
| * City: Heber |
| County: Imperial |
| * State: California |
| Province: _____ |
| * Country: USA: UNITED STATES |
| * Zip / Postal Code: 92249 |

e. Organizational Unit:

| | |
|--|--------------------------------|
| Department Name: Multiple Imperial County Stations | Division Name: _____ |
|--|--------------------------------|

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

| | |
|------------------------------|---------------------------|
| Prefix: Mr. | * First Name: Tony |
| Middle Name: _____ | |
| * Last Name: Rouhotas | |
| Suffix: _____ | |

Title: Fire Chief

Organizational Affiliation:

| | |
|---|--------------------------|
| * Telephone Number: 760-482-2422 | Fax Number: _____ |
|---|--------------------------|

*** Email:** tonyrouhotas@co.imperial.ca.us

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

B County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Agriculture-Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loan & Grant Program

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Communities of Heber, Niland, Palo Verde, Ocotillo, Seeley and surrounding unincorporated Imperial County areas.

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

Essential Fire Station Furniture (Desks, Lockers, Book Shelves)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 51

* b. Program/Project 51

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

17. Proposed Project:

* a. Start Date: 7/1/2014

* b. End Date: 6/30/2015

18. Estimated Funding (\$):

* a. Federal \$22,500

* b. Applicant \$7,500

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$30,000

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

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

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr.

* First Name: Tony

Middle Name:

* Last Name: Rouhotas

Suffix:

* Title: Fire Chief

* Telephone Number: 760-482-2422

Fax Number:

* Email: tonyouhotas@co.imperial.ca.us

* Signature of Authorized Representative:

* Date Signed: 02/11/14

| | | | |
|---|---|---|-------------------------------------|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 2/24/14 | Applicant Identifier |
| 1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name Los Angeles County Metropolitan Transportation Authority | | Organizational Unit: Regional Grants Management | |
| Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Emma Nogales (213) 922-3066 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | | A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ | |
| If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) _____ | | State Chartered Transit District | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507 | | 9. NAME OF FEDERAL AGENCY: Federal Transit Administration | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA | | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Growing States – PM Rail, CA-90-Z122 | |

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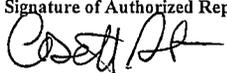
FEB 27 2014

STATE CLEARINGHOUSE

| | | | |
|--------------------------------------|--------------------------------------|---|---|
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF | |
| Start Date 09/01/13 | Ending Date 6/30/14 | a. Applicant Districts 27,29,30,32,33,34,37,38,40,43,44,47 | b. Project Same as Applicant |

| | | | |
|------------------------------|-----------------|---|--|
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS? | |
| a Federal | \$ 7,699,762.00 | a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>2/24/14</u> | |
| b Applicant | \$.00 | b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 | |
| c State | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d Local | \$ 1,924,941.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| e Other | \$.00 | <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No | |
| f Program Income | \$.00 | | |
| g TOTAL | \$ 9,624,703.00 | | |

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

| | | |
|--|---|--|
| a Typed Name of Authorized Representative Cosette Stark | b Deputy Executive Officer, Regional Grants Management | c Telephone number (213) 922-2822 |
| d. Signature of Authorized Representative  | e. Date Signed 2/24/14 | |

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|---|---|--|------------------------------|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED 7-1-2013 | Applicant Identifier |
| <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | Pre-application | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: The Beginning Project (dba Tree of Life Charter School) | | Organizational Unit: | |
| Organizational DUNS: 051720915 | | Department: | |
| Address: Street: PO Box 966 (241 Ford Rd) | | Division: | |
| City: Ukiah | | Name and telephone number of person to be contacted on matters involving this application (give area code): | |
| County: Mendocino | | Prefix: First Name: Celeste | |
| State: CA | | Middle Name: Rosemary | |
| Zip Code: 95522 | | Last Name: Beck | |
| Country: USA | | Suffix: | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0455188 | | Email: celestebeck@pacific.net | |
| 7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | | Phone Number (give area code): 707-462-0913 | |
| If Revision, enter appropriate letters in box(es) (See back of form for description of letters.) | | Fax Number (give area code): 707-462-0914 | |
| Other (specify): | | 7. TYPE OF APPLICANT: (See back of form for Application Types) 0 | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 | | 9. NAME OF FEDERAL AGENCY: USDA Rural Development | |
| 12. AREAS AFFECTED BY PROJECT (cities, Counties, States, etc.): Ukiah, CA | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tree of Life Charter School Low Gap Campus | |
| 13. PROPOSED PROJECT Start Date: 10/1/2013 Ending Date: 9/30/2014 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1 b. Project 1 | |
| 15. ESTIMATED FUNDING: a. Federal \$ 1,089,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,089,000 | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON 7-1-2013 DATE: 1400 Tenth St, State Clearinghouse Sacramento, CA 95814 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| 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. | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes if 'Yes' attach an explanation. <input checked="" type="checkbox"/> No | |
| a. Authorized Representative | | b. Date Signed 7-1-2013 | |
| Prefix: First Name: Celeste | | c. Telephone Number (give area code): 707-462-0913 | |
| Last Name: Beck | | d. Signature of Authorized Representative: Celeste R. Beck | |
| b. Title: Principal | | Middle Name: Rosemary | |
| c. Signature of Authorized Representative: Celeste R. Beck | | Suffix: | |

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FEB 27 2014



SF 424

STATE CLEARING HOUSE

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

| | | | |
|---|---|--|---|
| Date Submitted February 2014 | Applicant Identifier B-14-UC-06-0502 | Type of Submission | |
| Date Received by state | State Identifier | <input checked="" type="checkbox"/> Application | <input type="checkbox"/> Pre-application |
| Date Received by HUD | Federal Identifier | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Construction |
| | | <input checked="" type="checkbox"/> Non Construction | <input type="checkbox"/> Non Construction |
| Applicant Information | | | |
| COUNTY OF KERN | | CA69029 KERN COUNTY | |
| 2700 "M" Street, Suite 250 | | DUNS Number: 063-811-350 | |
| | | Organizational Unit | |
| Bakersfield, | California | Board of Supervisors | |
| 93301 | Country: U.S.A. | Division | |
| Employer Identification Number (EIN): | | County: Kern County | |
| 95-6000925 | | Program Year Start Date (MM/DD) 07/01/2014 | |
| Applicant Type: | | Specify Other Type if necessary: | |
| Local Government: County | | Specify Other Type | |
| Program Funding | | U.S. Department of Housing and Urban Development | |
| Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding | | | |
| Community Development Block Grant | | 14.218 Entitlement Grant | |
| The development of viable communities, including decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income, and other purposes pursuant to Title 1 of the Act. | | Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, McFarland, Ridgecrest, Shafter, and Tehachapi. | |
| \$CDBG Grant Amount - \$4,769,103 est. | \$Additional HUD Grant(s) Leveraged - \$0 | Describe - N/A | |
| \$Additional Federal Funds Leveraged - \$0 | | \$Additional State Funds Leveraged - \$0 | |
| \$Locally Leveraged Funds - \$28,560 | | \$Grantee Funds Leveraged - \$0 | |
| \$Anticipated Program Income - \$160,000 | | Other (Describe) - \$(Certificates of Participation; Developer fees; Redevelopment) | |
| Total Funds Leveraged for CDBG-based Project(s) - \$188,560 | | | |

| | | |
|---|---|--|
| Home Investment Partnerships Program | | 14.239 HOME Applicant Identifier - M-14-UC-06-0517 |
| To provide for decent, safe, sanitary, and affordable housing for low and moderate income families and to expand the long-term supply of affordable housing in Kern County. | | Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, McFarland, Ridgecrest, Shafter, and Tehachapi. |
| \$HOME Grant Amount - \$1,390,928 est. | \$Additional HUD Grant(s) Leveraged - \$0 | Describe- N/A |
| \$Additional Federal Funds Leveraged - \$0 | | \$Additional State Funds Leveraged - \$0 |
| \$Locally Leveraged Funds - \$0 | | \$Grantee Funds Leveraged - \$0 |
| \$Anticipated Program Income - \$350,000 | | Other (Describe)-\$0 |
| Total Funds Leveraged for HOME-based Project(s) \$350,000 | | |

Housing Opportunities for People with AIDS

| | |
|---|---|
| 14.241 HOPWA: <i>The County of Kern does not receive/administer HOPWA funds.</i> | |
| Emergency Solutions Grants Program | |
| 14.231 ESG Applicant Identifier - S-14-UC-06-0502 | |
| The provision of quality emergency shelters, essential social services, and prevention services for the homeless or at risk of becoming homeless. | |
| Metropolitan Bakersfield and the City of Ridgecrest. | |
| \$ESG Grant Amount - \$329,388 est. | \$Additional HUD Grant(s) Leveraged - \$0 |
| Describe- N/A | |
| \$Additional Federal Funds Leveraged - \$0 | |
| \$Additional State Funds Leveraged - \$0 | |
| \$Locally Leveraged Funds - \$329,388 | |
| \$Grantee Funds Leveraged - \$0 | |
| \$Anticipated Program Income - \$0 | |
| Other (Describe)- \$0 | |
| Total Funds Leveraged for ESG-based Project(s) - \$329,388 | |

| | | | |
|---|--|--|--|
| Congressional Districts of: 21 st & 23 rd Congressional Districts | | Is application subject to review by state Executive Order 12372 Process? | |
| Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation. | | <input checked="" type="checkbox"/> Yes | This application was made available to the state EO 12372 process for review on March 6, 2013. |
| | | <input type="checkbox"/> No | Program is not covered by EO 12372 |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Program has not been selected by the state for review |

| | | |
|---|-----------------|---------------------|
| Person to be contacted regarding this application | | |
| Lorelei | H. | Oviatt, AICP |
| Director | (661) 862-5050 | (661) 862-5052 -FAX |
| loreleio@co.kern.ca.us | Grantee Website | Other Contact |
| Signature of Authorized Representative | | Date Signed |

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

| | | | | | |
|--|--|---|--|---|--|
| * 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/> | | * 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/> | | * 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update | |
| | | * 2. Date Received: Completed by Grants.gov upon submission. | | STATE USE ONLY: | |
| | | 3. Applicant Identifier: <input type="text"/> | | 5. Date Received by State: <input type="text"/> | |
| | | 4a. Federal Entity Identifier: <input type="text"/> | | 6. State Application Identifier: <input type="text"/> | |
| | | 4b. Federal Award Identifier: <input type="text"/> | | | |
| 1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | |

7. APPLICANT INFORMATION:

* a. Legal Name:
Elsinore Valley Municipal Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6005663

* c. Organizational DUNS:
042609618

d. Address:

* Street1:
31315 Chaney Street

Street2:
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* City:
Lake Elsinore

County:
Riverside **FEB 27 2014**

* State:
CA: California

Province:
STATE CLEARING HOUSE

* Country:
USA: UNITED STATES

* Zip / Postal Code:
92530

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:
Serena

Middle Name:

* Last Name:
Johns

Suffix:

Title: Management Analyst

Organizational Affiliation:

* Telephone Number: 951-674-3146

Fax Number: 951-346-3352

* Email: sjohns@evawd.net

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

D: Special District Government

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

Bureau of Reclamation

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

Cities of Lake Elsinore, Canyon Lake, and Wildomar, CA.

12. CONGRESSIONAL DISTRICTS OF:

| | |
|------------------------|----------------------------|
| * a. Applicant: | b. Program/Project: |
| 42 | 42 |

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

13. FUNDING PERIOD:

| | |
|-----------------------|---------------------|
| a. Start Date: | b. End Date: |
| 11/01/2014 | 11/01/2016 |

14. ESTIMATED FUNDING:

| | |
|---------------------------|-----------------------|
| * a. Federal (\$): | b. Match (\$): |
| 53,400.00 | 163,221.00 |

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 02/27/2014
 b. Program is subject to E.O. 12372 but has not been selected by State for review.
 c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

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 218, Section 1001)

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

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

| | | | | | |
|---|--|--|--|--|--|
| Application for Federal Assistance SF-424 | | Version 02 | | | |
| <table border="0"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify): _____</td> </tr> </table> | | | * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * Other (Specify): _____ |
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * Other (Specify): _____ | | | |
| * 3. Date Received: 02/26/2014 | 4. Applicant Identifier: _____ | | | | |
| 5a. Federal Entity Identifier: _____ | | * 5b. Federal Award Identifier: FEB 28 2014 | | | |
| State Use Only: STATE CLEARING HOUSE | | | | | |
| 6. Date Received by State: _____ | 7. State Application Identifier: G1498020 | | | | |
| 8. APPLICANT INFORMATION: | | | | | |
| * a. Legal Name: STATE OF CALIFORNIA | | | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567 | * c. Organizational DUNS: 8083223580000 | | | | |
| d. Address: | | | | | |
| * Street1: | 1831 9TH STREET | | | | |
| * Street2: | _____ | | | | |
| * City: | SACRAMENTO | | | | |
| * County: | _____ | | | | |
| * State: | CA: California | | | | |
| * Province: | _____ | | | | |
| * Country: | USA: UNITED STATES | | | | |
| * Zip / Postal Code: | 95811-7011 | | | | |
| e. Organizational Unit: | | | | | |
| Department Name: 95811-7011 | Division Name: GRANTS MANAGEMENT BRANCH | | | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | |
| Prefix: _____ | * First Name: | KHANH | | | |
| Middle Name: _____ | _____ | | | | |
| * Last Name: | NGUYEN | | | | |
| Suffix: _____ | _____ | | | | |
| Title: | Grant Administrator | | | | |
| Organizational Affiliation: _____ | | | | | |
| * Telephone Number: 916-445-3525 | Fax Number: _____ | | | | |
| * Email: KHANH.NGUYEN@WILDLIFE.CA.GOV | | | | | |

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:**

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

RB (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

Mono, Plumas, Merced, Fresno, Solano, and Contra Costa Counties

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

Sacramento Perch Management and Aquaculture Partnership

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: * b. Program/Project:

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

17. Proposed Project:

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

18. Estimated Funding (\$):

| | |
|---------------------|--|
| * a. Federal | <input type="text" value="18,750.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="6,250.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="25,000.00"/> |

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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