

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16 - 28, 2015**. 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.

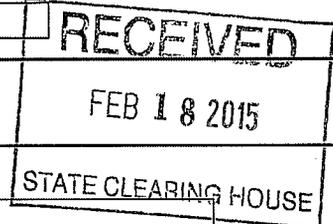
Application for Federal Assistance SF-424

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:  
02/13/2015

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: The Regents of the University of California

\* b. Employer/Taxpayer Identification Number (EIN/TIN):  
94-6036494

\* c. Organizational DUNS:  
0471200840000

d. Address:

\* Street1: 1850 Research Park Dr.  
Street2: Suite 300  
\* City: Davis  
County: \_\_\_\_\_  
\* State: CA: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 95618-6153

e. Organizational Unit:

Department Name:  
Office of Research

Division Name:  
Sponsored Programs

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

Prefix: Prof. \* First Name: Christopher  
Middle Name: W  
\* Last Name: Simmons  
Suffix: \_\_\_\_\_

Title: Assistant Professor

Organizational Affiliation:  
Food Science and Technology

\* Telephone Number: 530-752-2109

Fax Number: 530-752-4759

\* Email: cwsimmons@ucdavis.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.506

CFDA Title:

Water Desalination Research and Development Program

\* 12. Funding Opportunity Number:

R15AS00019

\* Title:

Desalination and Water Purification Research and Development (DWPR)

13. Competition Identification Number:

Title:

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

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

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

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="115,146.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="115,146.00"/>

\* 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:

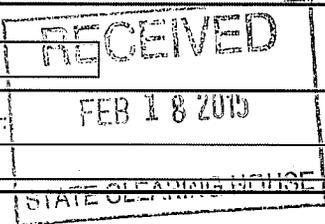
\* Email:

\* 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: 02/13/2015	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: REGENTS OF THE UNIVERSITY OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946036494	* c. Organizational DUNS: 0471200840000
--	--

**d. Address:**

* Street1:	1850 RESEARCH PARK DRIVE
Street2:	SUITE300
* City:	DAVIS
County/Parish:	YOLO
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95618-6153

**e. Organizational Unit:**

Department Name: SPONSORED PROGRAMS	Division Name: OFFICE OF RESEARCH
--	--------------------------------------

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

Prefix: Mr.	* First Name: Patrick
Middle Name: _____	
* Last Name: Bell	
Suffix: _____	
Title: _____	
Organizational Affiliation: _____	

* Telephone Number: 530-754-0114	Fax Number: 530-752-0333
* Email: ORSPO-TEAMA-PROPOSALS-US@AD3.UCDAVIS.EDU	

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U. S. Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**

15.808

CFDA Title:

U.S. Geological Survey\_ Research and Data Collection

**\* 12. Funding Opportunity Number:**

G15AS00026

\* Title:

Cooperative Ecosystem Studies Unit, Californian CESU

**13. Competition Identification Number:**

G15AS00026

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Estimating unsaturated zone N fluxes and travel times to groundwater at watershed and principal-aquifer scales

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="394,924.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="394,924.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

OMB Number: 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):

[Empty field]

\* Other (Specify):

[Empty field]

\* 3. Date Received:

[Empty field]

4. Applicant Identifier:

1106-1574

5a. Federal Entity Identifier:

[Empty field]

5b. Federal Award Identifier:

[Empty field]

RECEIVED  
FEB 19 2015

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

\* a. Legal Name: Halotechnics Inc.

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

80-0521120

\* c. Organizational DUNS:

8231018550000

d. Address:

\* Street1: 5980 Horton Street #450

Street2:

\* City: Emeryville

County/Parish:

Alameda

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 94608-2083

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix: Dr.

\* First Name: Justin

Middle Name:

\* Last Name: Raade

Suffix:

Title: CEO

Organizational Affiliation:

Halotechnics Inc

\* Telephone Number: 510-547-2634

Fax Number: 510-547-2624

\* Email: jraade@halotechnics.com

**Application for Federal Assistance SF-424**

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

R: Small Business

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Department Of Energy

**11. Catalog of Federal Domestic Assistance Number:**

01.087

**CFDA Title:**

Renewable Energy Research and Development

**\* 12. Funding Opportunity Number:**

DE-FOA-0001196

**\* Title:**

CONCENTRATING SOLAR POWER: ADVANCED PROJECTS OFFERING LOW LCOE OPPORTUNITIES

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

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

Systems Integration of Containerized Molten Salt Thermal Energy Storage in Novel Cascade Layout

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="2,479,397.00"/>
* b. Applicant	<input type="text" value="620,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="3,099,397.00"/>

\* 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:

View/Print Statement

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):

\* Other (Specify):

\* 3. Date Received:

4. Applicant Identifier:

1186-1557

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:

SolarReserve, LLC

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

61-1525541

\* c. Organizational DUNS:

8306888880000

d. Address:

\* Street1:

2425 Olympic Blvd. Suite 500 East

Street2:

\* City:

Santa Monica

County/Parish:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

90404-4070

e. Organizational Unit:

Department Name:

Engineering

Division Name:

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

Prefix:

Mr.

\* First Name:

Lance

Middle Name:

\* Last Name:

Hagenbuch

Suffix:

Title:

Director, Program Management

Organizational Affiliation:

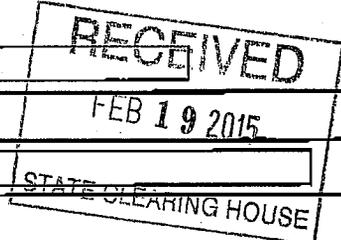
\* Telephone Number:

310-315-2205

Fax Number:

\* Email:

lance.hagenbuch@solarreserve.com



**Application for Federal Assistance SF-424**

\* 9. Type of Applicant 1: Select Applicant Type:  
  
 Type of Applicant 2: Select Applicant Type:  
  
 Type of Applicant 3: Select Applicant Type:  
  
 \* Other (specify):

\* 10. Name of Federal Agency:

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.):  
  Attachment  Delegation  Memorandum

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

Attach supporting documents as specified in agency instructions.  
 Attachment  Delegation  Memorandum

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**  
 \* a. Applicant: CA-033 \* b. Program/Project: [REDACTED]

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

**17. Proposed Project:**  
 \* a. Start Date: 10/01/2015 \* b. End Date: 09/30/2018

**18. Estimated Funding (\$):**

* a. Federal	2,614,926.00
* b. Applicant	654,000.00
* c. State	[REDACTED]
* d. Local	[REDACTED]
* e. Other	[REDACTED]
* f. Program Income	[REDACTED]
* g. TOTAL	3,268,926.00

**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 02/20/2015  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

**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 216, 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: Tim  
 Middle Name: [REDACTED]  
 \* Last Name: Connor  
 Suffix: [REDACTED]

\* Title: Vice President of Engineering and Technology

\* Telephone Number: 310-315-2260 Fax Number: [REDACTED]

\* Email: tim.connor@solaxreserve.com

\* Signature of Authorized Representative: [REDACTED] \* Date Signed: 02/19/2015

**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):**

A: Increase Award

**\* Other (Specify):**

RECEIVED

FEB 19 2015

**\* 3. Date Received:**

[REDACTED]

**4. Applicant Identifier:**

Dept. of Food and Agriculture

STATE CLEARING HOUSE

**5a. Federal Entity Identifier:**

15-8506-1317-CA

**5b. Federal Award Identifier:**

[REDACTED]

**State Use Only:**

6. Date Received by State: 11/20/2014

7. State Application Identifier: 14-0518-FR

**8. APPLICANT INFORMATION:**

\* a. Legal Name: State of California

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

68-0325104

\* c. Organizational DUNS:

8074876650000

**d. Address:**

\* Street1: 1220 N Street, Room 315

Street2:

\* City: Sacramento

County/Parish:

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95814

**e. Organizational Unit:**

Department Name:

Food and Agriculture

Division Name:

Plant Health/Pest Prev Svcs

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

Prefix: [REDACTED] \* First Name: Jason

Middle Name: [REDACTED]

\* Last Name: Chan

Suffix: [REDACTED]

Title: [REDACTED]

Organizational Affiliation:

California Department of Food and Agriculture

\* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

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

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

**11. Catalog of Federal Domestic Assistance Number:**

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

**\* 12. Funding Opportunity Number:**

NA

\* Title:

NA

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

European Grapevine Moth

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="5,089,981.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="5,089,981.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

**3. DATE RECEIVED BY STATE** State Application Identifier  
[ ] [ ]

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

**4. a. Federal Identifier** [ ]  
**b. Agency Routing Identifier** [ ]  
**c. Previous Grants.gov Tracking ID** [ ]

**2. DATE SUBMITTED** Applicant Identifier  
02/25/2015 [ ]

**5. APPLICANT INFORMATION** Organizational DUNS: 832804541  
Legal Name: Sonomaceuticals, LLC  
Department: Applied and Research Science Division: [ ]  
Street1: 421 Aviation Boulevard  
Street2: [ ]  
City: Santa Rosa County / Parish: Sonoma  
State: CA: California Province: [ ]  
Country: USA: UNITED STATES ZIP / Postal Code: 95403-1069

RECEIVED  
FEB 23 2015  
STATE CLEARING HOUSE

Person to be contacted on matters involving this application  
Prefix: Dr. First Name: Corey Middle Name: James  
Last Name: Arvik Suffix: [ ]  
Position/Title: Director of Applied and Research Science  
Street1: 421 Aviation Boulevard  
Street2: [ ]  
City: Santa Rosa County / Parish: [ ]  
State: CA: California Province: [ ]  
Country: USA: UNITED STATES ZIP / Postal Code: 95403-1069  
Phone Number: 707-525-6525 Fax Number: [ ]  
Email: corey.arvik@sonomaceuticals.com

**6. EMPLOYER IDENTIFICATION (EIN) or (TIN):** 27-0901957

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

**8. TYPE OF APPLICATION:**  
 New  Resubmission  A. Increase Award  B. Decrease Award  C. Increase Duration  D. Decrease Duration  
 Renewal  Continuation  Revision  E. Other (specify): [ ]

Is this application being submitted to other agencies? Yes  No  What other Agencies? [ ]

**9. NAME OF FEDERAL AGENCY:** National Institute of Food and Agriculture  
**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 10.212  
TITLE: Small Business Innovation Research

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Validation of Chardonnay Grape Seed Flour Manufacture and Study of Human Metabolic Response to Foods Containing it

**12. PROPOSED PROJECT:** Start Date: 09/01/2015 Ending Date: 08/31/2017  
**13. CONGRESSIONAL DISTRICT OF APPLICANT:** CA-006

SF-424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

**14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Position/Title:   
 Organization Name:   
 Department:  Division:   
 Street1:   
 Street2:   
 City:  County / Parish:   
 State:  Province:   
 Country:  ZIP / Postal Code:   
 Phone Number:  Fax Number:   
 Email:

**15. ESTIMATED PROJECT FUNDING**

a. Total Federal Funds Requested   
 b. Total Non-Federal Funds   
 c. Total Federal & Non-Federal Funds   
 d. Estimated Program Income

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

a. YES  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE:   
 b. NO  PROGRAM IS NOT COVERED BY E.O. 12372; OR  PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

I agree

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

**18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation**

**19. Authorized Representative**

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Position/Title:   
 Organization:   
 Department:  Division:   
 Street1:   
 Street2:   
 City:  County / Parish:   
 State:  Province:   
 Country:  ZIP / Postal Code:   
 Phone Number:  Fax Number:   
 Email:

Signature of Authorized Representative:   
 Date Signed:

**20. Pre-application**

**21. Cover Letter Attachment**

### SBIR/STTR Information

OMB Number: 4040-0001  
Expiration Date: 6/30/2016

**\* Program Type (select only one)**

- SBIR     STTR  
 Both (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)

**\* SBIR/STTR Type (select only one)**

- Phase I     Phase II  
 Fast-Track (See agency-specific instructions to determine whether a particular agency participates in Fast-Track)

**Questions 1-7 must be completed by all SBIR and STTR Applicants:**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?</p>
	<p>* 1b. Anticipated Number of personnel to be employed at your organization at the time of award.</p> <p style="text-align: center;">6</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies?                  * If yes, insert the names of the Federal laboratories/agencies:</p> <p>USDA-ARS Western Human Nutrition Research Center, Davis, CA                  USDA-ARS Western Region Research Center, Albany, CA</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <a href="http://www.sba.gov">http://www.sba.gov</a></p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 4. Will all research and development on the project be performed in its entirety in the United States?                  If no, provide an explanation in an attached file.                  * Explanation:</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work?                  * If yes, insert the names of the other Federal agencies:</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?</p>
	<p>* 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions.</p> <p>* Attach File:</p>

Application for Federal Assistance SF-424	
<b>1. Type of Submission:</b> <input checked="" type="checkbox"/> Preapplication <b>USDA/RD 10:760</b> <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>2. Type of Application:</b> * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision Other (Specify):	
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>	
* a. Legal Name: <b>Lake of the Woods Mutual Water Company</b>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <b>95-2256164</b>	* c. Organizational DUNS: <b>112738778</b>
<b>d. Address:</b>	
* Street 1: Street 2: * City: County/Parish: * State: Province: * Country: * Zip / Postal Code:	<b>7025 Cuddy Valley Road, # F</b> <b>Frazier Park</b> <b>Kern</b> <b>California</b> <b>USA: UNITED STATES</b> <b>93225</b>
<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: Middle Name: * Last Name: Suffix:	* First Name: <b>Robert</b> <b>Stowell</b>
Title: <b>President, Lake of the Woods Mutual Water Company</b>	
Organizational Affiliation: <b>Boardmember</b>	
* Telephone Number: <b>(661) 245-1448</b>	Fax Number: <b>(661) 245-4402</b>
* Email: <b>lowh2o@frazmtn.com</b>	

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

**Not for Profit: Mutual Water Company**

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

**USDA, Rural Development**

11. Catalog of Federal Domestic Assistance Number:

**10-760**

CFDA Title:

**Water and Waste Disposal Loan & Grant**

\* 12. Funding Opportunity Number:

\* Title:

**Lake of the Woods Water Emergency Water Supply Project:  
Phase 2: Well construction and replacement of Leaking Distribution System and Water Meter  
installation.**

13. Competition Identification Number:

Title:

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

**Lake of the Woods MWC, Kern County, CA**

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

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

**Lake of the Woods Water Emergency Water Supply Project: Phase 2: Well construction & replacement of Leaking Distribution System and Meter Installation. The existing system is struggling to supply water from their low producing wells & loses water from old, leaking and broken pipelines that require many expensive repairs each year. The State has mandated restoring the water supply and installation of meters. A state funded new well will be built & new water lines will replace leaking substandard lines & water meters will be installed.**

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant **23**

\* b. Program/Project **23**

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

Add Attachments

Delete Attachments

View Attachments

**17. Proposed Project:**

\* a. Start Date: **June 1, 2015**

\* b. End Date: **Dec 31, 2015**

**18. Estimated Funding (\$):**

\* a. Federal **1,000,000**

\* b. Applicant **27,500**

\* c. State **500,000**

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL **1,527,500**

**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 **2-5-15**

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.

Add Attachments

Delete Attachments

View Attachments

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

Middle Name:

\* Last Name: **Stowell**

Suffix:

\* Title: **President, Lake of the Woods Mutual Water Company**

\* Telephone Number: **(661) 245-1448**

Fax Number: **(661) 245-4402**

\* Email: **lowh2o@frazmtn.com**

\* Signature of Authorized Representative: *RM Stowell*

\* Date Signed: **February 5, 2015**

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____		
<b>* 3. Date Received:</b> _____		<b>4. Applicant Identifier:</b> n/a
<b>5a. Federal Entity Identifier:</b> n/a		<b>5b. Federal Award Identifier:</b> n/a
<b>State Use Only:</b>		<b>RECEIVED</b>
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Peoples' Self-Help Housing Corporation		<b>STATE CLEARING HOUSE</b>
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-2750154		<b>* c. Organizational DUNS:</b> 09-641-44112
<b>d. Address:</b>		
<b>* Street1:</b> 3533 EmpLeo		
<b>Street2:</b> _____		
<b>* City:</b> San Luis Obispo		
<b>County/Parish:</b> San Luis Obispo		
<b>* State:</b> CA: California		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 93401		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> n/a		<b>Division Name:</b> n/a
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Mr.	<b>* First Name:</b> Morgen	
<b>Middle Name:</b> _____		
<b>* Last Name:</b> Benevedo		
<b>Suffix:</b> _____		
<b>Title:</b> Project Manager		
<b>Organizational Affiliation:</b> Peoples' Self-Help Housing Corporation		
<b>* Telephone Number:</b> 805-540-2475		<b>Fax Number:</b> 805-544-1901
<b>* Email:</b> morgenb@pshhc.org		

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Farm Labor Housing Loans and Grants

\* 12. Funding Opportunity Number:

514/516

\* Title:

Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing.

13. Competition Identification Number:

n/a

Title:

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

Areas Affected by Project.pdf

Add Attachment

Delete Attachment

View Attachment

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

Chapel Court Apartments

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,553,832.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,553,832.00"/>

\* 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:

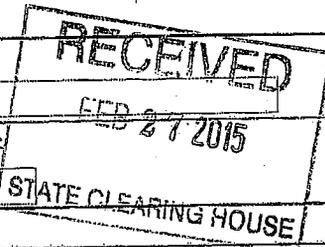
\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

<b>1.a. Type of Submission:</b> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): _____	<b>1.b. Frequency:</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): _____	<b>1.d. Version:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	<b>STATE USE ONLY:</b>  <b>5. Date Received by State:</b> _____
		<b>2. Date Received:</b> 03/03/2015	
<b>1.c. Consolidated Application/Plan/Funding Request?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Explanation:</b> _____		<b>4a. Federal Entity Identifier:</b> _____	<b>6. State Application Identifier:</b> _____
		<b>4b. Federal Award Identifier:</b> _____	



**7. APPLICANT INFORMATION:**

<b>a. Legal Name:</b> West Bay Sanitary District	
<b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000903	<b>c. Organizational DUNS:</b> 08518-4848
<b>d. Address:</b>	
<b>Street1:</b> 500 Laurel Street	<b>Street2:</b> _____
<b>City:</b> Menlo Park	<b>County / Parish:</b> _____
<b>State:</b> CA: California	<b>Province:</b> _____
<b>Country:</b> USA: UNITED STATES	<b>Zip / Postal Code:</b> 94025
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> _____	<b>Division Name:</b> _____
<b>f. Name and contact information of person to be contacted on matters involving this submission:</b>	
<b>Prefix:</b> _____	<b>First Name:</b> Phil
	<b>Middle Name:</b> _____
<b>Last Name:</b> Scott	<b>Suffix:</b> _____
<b>Title:</b> District Manager	
<b>Organizational Affiliation:</b> _____	
<b>Telephone Number:</b> (650) 678-7101	<b>Fax Number:</b> (650) 321-4265
<b>Email:</b> pscott@westbaysanitary.org	

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**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:**

R15AS00015

CFDA Title:

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

West Bay Sanitary District Recycled Water Feasibility Study

**12. Areas Affected by Funding:**

Menlo Park, CA

**13. CONGRESSIONAL DISTRICTS OF:**

a. Applicant:

CA-010

b. Program/Project:

CA-018

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

Add Attachment

Delete Attachment

View Attachment

**14. FUNDING PERIOD:**

a. Start Date:

11/26/2014

b. End Date:

12/31/2015

**15. ESTIMATED FUNDING:**

a. Federal (\$):

147,500.00

b. Match (\$):

147,500.00

**16. 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:

02/27/2015

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

17. Is The Applicant Delinquent On Any Federal Debt?

Yes  No

Explanation:

18. 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:

Phil

Middle Name:

Last Name:

Scott

Suffix:

Title:

District Manager

Organizational Affiliation:

Telephone Number:

650-321-0384

Fax Number:

650-321-4265

Email:

PScott@westbaysanitary.org

Signature of Authorized Representative:



Date Signed:

03/02/2015

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

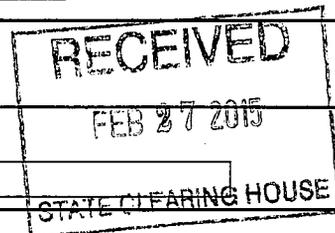
- New
- Continuation
- Revision

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

\* Other (Specify):

**\* 3. Date Received:**

**4. Applicant Identifier:**



**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

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

**\* c. Organizational DUNS:**

**d. Address:**

**\* Street1:**

**Street2:**

**\* City:**

**County/Parish:**

**\* State:**

**Province:**

**\* Country:**

**\* Zip / Postal Code:**

**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:**

**Middle Name:**

**\* Last Name:**

**Suffix:**

**Title:**

**Organizational Affiliation:**

**\* Telephone Number:**

**Fax Number:**

**\* Email:**

**Application for Federal Assistance SF-424**

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA Rural Development

**11. Catalog of Federal Domestic Assistance Number:**

10-420

CFDA Title:

**\* 12. Funding Opportunity Number:**

10-420

\* Title:

Self-Help New Construction

**13. Competition Identification Number:**

not applicable

Title:

not applicable

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

Shasta/Tehama counties

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

Application for funding for a rural Self-Help Technical Assistance program for 14 housing units over a two year period in Shasta and Tehama counties, California.

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="385,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="385,000.00"/>

**\* 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:

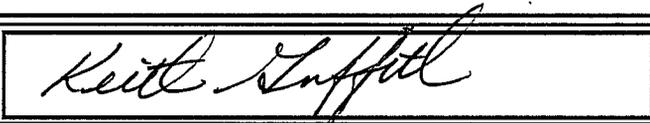
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed: