Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16 - 29, 2016.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

RECEIVED 02/15/2016 12:08 916-323-3018 STATE CLEARINGHOUSE

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

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:

5. APPLICANT INFORMATION
Organizational DUNS: 0800986440000

Legal Name: Comprehensive Health Care Services LLC
Department:
Division:
Street1: 512 E Wilson Ave. Suite 314
Street2:
City: Glendale
County / Parish: Los Angeles
State: CA: California
Province:
Country: USA: UNITED STATES
ZIP / Postal Code: 91206-4351

Governor's Office of Planning & Research
FEB 16 2016
STATE CLEARINGHOUSE

Person to be contacted on matters involving this application
Prefix: Mr.
First Name: Robert
Middle Name: Michael
Last Name: Jaramillo
Suffix:
Position/Title: CEO/President/Chief Nursing Officer
Street1: 512 E Wilson Ave. Suite 314
Street2:
City: Glendale
County / Parish:
State: CA: California
Province:
Country: USA: UNITED STATES
ZIP / Postal Code: 91206-4351
Phone Number: 818-549-0683
Fax Number: 818-243-3856
Email: robertjaramillo28@yahoo.com

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 46-4069814

7. TYPE OF APPLICANT: X: Other (specify)
Other (Specify): Minority owned small business
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

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

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

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

9. NAME OF FEDERAL AGENCY: National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Integration of Infectious Diseases and Substance Abuse Intervention Services for Individuals Living with HIV

12. PROPOSED PROJECT:
Start Date: 12/01/2016
Ending Date: 12/01/2021

13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-028

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Mr. First Name: Robert Middle Name: Michael
Last Name: Jaramillo Suffix:
Position/Title:
Organization Name: Comprehensive Health Care Services LLC
Department: Division:
Street1: 512 E Wilson Ave. Suite 314
Street2:
City: Glendale County / Parish: Los Angeles
State: CA: California Province:
Country: USA: UNITED STATES ZIP / Postal Code: 91206-4351
Phone Number: 818-549-0683 Fax Number: 818-243-3856
Email: robertjaramillo28@yahoo.com

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	2,700,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	2,700,000.00
d. Estimated Program Income	0.00

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

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

DATE: 02/15/2016

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] I agree

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

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

19. Authorized Representative

Prefix: Mr. First Name: Robert Middle Name: Michael
Last Name: Jaramillo Suffix:
Position/Title: CEO/President/Chief Nursing Officer
Organization: Comprehensive Health Care Services LLC
Department: Division:
Street1: 512 E Wilson Ave. Suite 314
Street2:
City: Glendale County / Parish: Los Angeles
State: CA: California Province:
Country: USA: UNITED STATES ZIP / Postal Code: 91206-4351
Phone Number: 818-549-0683 Fax Number: 818-243-3856
Email: robertjaramillo28@yahoo.com

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

Date Signed: Completed on submission to Grants.gov

20. Pre-application

21. Cover Letter Attachment

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
	1400-1618

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

Governor's Office of Planning & Research

State Use Only:

FEB 16 2016

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

8. APPLICANT INFORMATION:

* a. Legal Name: Ra Power Management, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
47 3022878	079611451

d. Address:

* Street1:	7345 Snake Rd.
Street2:	
* City:	Oakland
County:	
* State:	California
Province:	
* Country:	United States
* Zip / Postal Code:	94611

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Mr.	* First Name:	Aaron
Middle Name:			
* Last Name:	Iverson		
Suffix:			

Title: Chief Operating Officer

Organizational Affiliation:

Co-founder and COO of Ra Power Management, Inc.

* Telephone Number:	(916) 606-0303	Fax Number:	

* Email: aaron.iverson@rpm.solar

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81 087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

FOA-0001400

* Title:

SunShot Technology to Market (Incubator Round 11, SolarMat Round 4)

13. Competition Identification Number:

Title:

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

Nationwide

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

Integrated Ecosystem of Best-in-class Solutions for Solar Developers

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-013
* b. Program/Project: CA-013

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

US-All

17. Proposed Project:

* a. Start Date: 09/01/2016
* b. End Date: 03/01/2018

18. Estimated Funding ($):

* a. Federal	512,925.00
* b. Applicant	512,925.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,025,850.00

*** 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 02/03/2016.

☐ 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: Mr. * First Name: Aaron

Middle Name:

* Last Name: Iverson

Suffix:

* Title: Founder and COO

* Telephone Number: (916) 606-0303 Fax Number:

* Email: aaron.iverson@rpm.solar

* Signature of Authorized Representative: Aaron Iverson * Date Signed: 2/2/2016

OMB Number: 4040-0002
Expiration Date: 5/31/2014

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

Other (specify):

1.b. Frequency:
- [x] Annual
- [ ] Quarterly
- [ ] Other

Other (specify):

1.d. Version:
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

2. Date Received: 02/18/2016

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier: G1698000

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

a. Legal Name: State of California

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567

c. Organizational DUNS: 8083223580000

Governor's Office of Planning & Research
FEB 18 2016
STATE CLEARINGHOUSE

d. Address:

Street1: 1831 Ninth Street

Street2:

City: Sacramento

County / Parish:

State: CA: California

Province:

Country: USA: UNITED STATES

Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: CDFW

Division Name: Federal Assistance Section

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

Prefix: Ms.

First Name: Melissa

Middle Name:

Last Name: Jones

Suffix:

Title: Grant Administrator

Organizational Affiliation:

Telephone Number: 916-327-0062

Fax Number:

Email: melissa.jones@wildlife.ca.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

11. Descriptive Title of Applicant's Project:

Wildlife Habitat Inventories and Research: Waterfowl Project

12. Areas Affected by Funding:

Statewide

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-006

b. Program/Project:

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

Add Attachment | Delete Attachment | View Attachment

14. FUNDING PERIOD:

a. Start Date: 07/01/2016

b. End Date: 06/30/2017

15. ESTIMATED FUNDING:

a. Federal ($): 287,561.00

b. Match ($): 95,854.00

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 02/05/2016
- [ ] 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:
Ms.	Lisa

Middle Name:

Last Name: Bays

Suffix:	Title:
	SSMI

Organizational Affiliation:

Telephone Number: 916-445-3701

Fax Number:

Email: lisa.bays@wildlife.ca.gov

Signature of Authorized Representative: Lisa Bays

Date Signed: 02/18/2016

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0002
Expiration Date: 01/31/2019

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

Other (specify):

1.b. Frequency:
- [x] Annual
- [ ] Quarterly
- [ ] Other

Other (specify):

1.d. Version:
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

2. Date Received: 02/18/2016

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier: G1698052

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

a. Legal Name: State of Caloifornia

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567

c. Organizational DUNS: 8083223580000

d. Address:

Street1: 1831 Ninth Street

Street2: Governor's Office of Planning & Research

City: Sacramento

County / Parish:

FEB 18 2016

State: CA: California

Province:

STATE CLEARINGHOUSE

Country: USA: UNITED STATES

Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: CDFW

Division Name: Federal Assistance Section

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

Prefix: Ms.

First Name: Melissa

Middle Name:

Last Name: Jones

Suffix:

Title: Grant Administrator

Organizational Affiliation:

Telephone Number: 916-327-0062

Fax Number:

Email: Melissa.Jones@wildlife.ca.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

11. Descriptive Title of Applicant's Project:

Wildlife Surveys and Inventories: Wildlife Management of the Inland Deserts Region (Game)

12. Areas Affected by Funding:

Imperial (51), Inyo (8), Mono (8), Riverside (36), and San Bernardino (8)

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-006

b. Program/Project:

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

Add Attachment | Delete Attachment | View Attachment

14. FUNDING PERIOD:

a. Start Date: 07/01/2016

b. End Date: 06/30/2017

15. ESTIMATED FUNDING:

a. Federal ($): 744,564.00

b. Match ($): 248,188.00

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 02/18/2016
- [ ] 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:
Ms.	Lisa

Middle Name:

Last Name: Bays

Suffix:	Title:
	SSM I

Organizational Affiliation:

Telephone Number: 916-445-3701

Fax Number:

Email: Lisa.Bays@wildlife.ca.gov

Signature of Authorized Representative: Lisa Bays

Date Signed: 02/18/2016

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0002
Expiration Date: 01/31/2019

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

Other (specify):

1.b. Frequency:
- [x] Annual
- [ ] Quarterly
- [ ] Other

Other (specify):

1.d. Version:
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

2. Date Received: 02/18/2016

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier: G1698032

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

4b. Federal Award Identifier:

7. 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 Ninth Street

Street2:

City: Sacramento

County / Parish:

State: CA: California

Province:

Country: USA: UNITED STATES

Zip / Postal Code: 95811-7011

Governor's Office of Planning & Research
FEB 18 2016
STATE CLEARINGHOUSE

e. Organizational Unit:

Department Name: CDFW

Division Name: Federal Assistance Section

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

Prefix: Ms.

First Name: Melissa

Middle Name:

Last Name: Jones

Suffix:

Title: Grant Administrator

Organizational Affiliation:

Telephone Number: 916-327-0062

Fax Number:

Email: Melissa.Jones@wildlife.ca.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

11. Descriptive Title of Applicant's Project:

Wildlife Habitat Inventories and Research: Wildlife Investigations Labortory

12. Areas Affected by Funding:

Statewide

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-006

b. Program/Project:

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

Add Attachment | Delete Attachment | View Attachment

14. FUNDING PERIOD:

a. Start Date: 07/01/2016

b. End Date: 06/30/2017

15. ESTIMATED FUNDING:

a. Federal ($): 354,026.00

b. Match ($): 118,009.00

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 02/18/2016
- [ ] 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:
Ms.	Lisa

Middle Name:

Last Name:
Bays

Suffix:	Title:
	SSM I

Organizational Affiliation:

Telephone Number:
916-445-3701

Fax Number:

Email:
Lisa.Bays@wildlife.ca.gov

Signature of Authorized Representative:
Lisa Bays

Date Signed:
02/18/2016

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0002
Expiration Date: 01/31/2019

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

Other (specify):

1.b. Frequency:
- [x] Annual
- [ ] Quarterly
- [ ] Other

Other (specify):

1.d. Version:
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

2. Date Received: 02/18/2016

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier: G1698023

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

7. 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 Ninth Street

Street2:

City: Sacramento

County / Parish:

State: CA: California

Province:

Country: USA: UNITED STATES

Zip / Postal Code: 95811-7011

Governor's Office of Planning & Research
FEB 18 2016
STATE CLEARINGHOUSE

e. Organizational Unit:

Department Name: CDFW

Division Name: Federal Assistance Section

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

Prefix: Ms.

First Name: Melissa

Middle Name:

Last Name: Jones

Suffix:

Title: Grant Administrator

Organizational Affiliation:

Telephone Number: 916-327-0062

Fax Number:

Email: melissa.jones@wildlife.ca.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

11. Descriptive Title of Applicant's Project:

Wildlife Habitat Inventories and Research: Upland Game

12. Areas Affected by Funding:

Statewide

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-006

b. Program/Project:

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

Add Attachment | Delete Attachment | View Attachment

14. FUNDING PERIOD:

a. Start Date: 07/01/2016

b. End Date: 06/30/2017

15. ESTIMATED FUNDING:

a. Federal ($): 670,410.00

b. Match ($): 223,470.00

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 02/18/2016
- [ ] 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:
Ms.	Lisa

Middle Name:

Last Name: Bays

Suffix:	Title:
	SSM I

Organizational Affiliation:

Telephone Number: 916-445-3701

Fax Number:

Email: lisa.bays@wildlife.ca.gov

Signature of Authorized Representative: Lisa Bays

Date Signed: 02/18/2016

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0002
Expiration Date: 01/31/2019

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

Other (specify):

1.b. Frequency:
- [x] Annual
- [ ] Quarterly
- [ ] Other

Other (specify):

1.d. Version:
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

2. Date Received: 02/18/2016

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier: G1698055

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

4b. Federal Award Identifier:

7. 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 Ninth Street

Street2:

City: Sacramento

County / Parish:

State: CA: California

Province:

Country: USA: UNITED STATES

Zip / Postal Code: 95811-7011

Governor's Office of Planning & Research
FEB 18 2016
STATE CLEARINGHOUSE

e. Organizational Unit:

Department Name: CDFW

Division Name: Federal Assistance Section

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

Prefix: Ms.

First Name: Melissa

Middle Name:

Last Name: Jones

Suffix:

Title: Grant Administrator

Organizational Affiliation:

Telephone Number: 916-327-0062

Fax Number:

Email: Melissa.Jones@wildlife.ca.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

11. Descriptive Title of Applicant's Project:

Wildlife Habitat Management and Maintenance: Inland Deserts Region Lands North

12. Areas Affected by Funding:

Mono (8), Inyo (8), San Bernardino (8)

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-006

b. Program/Project:

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

Add Attachment | Delete Attachment | View Attachment

14. FUNDING PERIOD:

a. Start Date: 07/01/2016

b. End Date: 06/30/2017

15. ESTIMATED FUNDING:

a. Federal ($): 157,554.00

b. Match ($): 52,518.00

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 02/18/2016
- [ ] 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:
Ms.	Lisa

Middle Name:

Last Name: Bays

Suffix:	Title:
	SSM I

Organizational Affiliation:

Telephone Number: 916-445-3701

Fax Number:

Email: Lisa.Bays@wildlife.ca.gov

Signature of Authorized Representative: Lisa Bays

Date Signed: 02/18/2016

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0002
Expiration Date: 5/31/2014

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

Other (specify):

1.b. Frequency:
- [x] Annual
- [ ] Quarterly
- [ ] Other

Other (specify):

1.d. Version:
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

2. Date Received: 02/18/2016

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier: G1698022

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

4b. Federal Award Identifier:

7. 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 / Parish:

State: CA: California

Province:

Country: USA: UNITED STATES

Zip / Postal Code: 95811-7011

Governor's Office of Planning & Research
FEB 18 2016
STATE CLEARINGHOUSE

e. Organizational Unit:

Department Name: CDFW

Division Name: Federal Assistance Section

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

Prefix: Ms.

First Name: Melissa

Middle Name:

Last Name: Jones

Suffix:

Title: Grant Administrator

Organizational Affiliation:

Telephone Number: 916-327-0062

Fax Number:

Email: melissa.jones@wildlife.ca.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

11. Descriptive Title of Applicant's Project:

Wildlife Habitat Inventories and Research: Comprehensive Wetlands Program

12. Areas Affected by Funding:

Statewide

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-006

b. Program/Project:

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

Add Attachment | Delete Attachment | View Attachment

14. FUNDING PERIOD:

a. Start Date: 07/01/2016

b. End Date: 06/30/2017

15. ESTIMATED FUNDING:

a. Federal ($): 182,885.00

b. Match ($): 60,962.00

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 02/18/2016
- [ ] 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:
Ms.	Lisa

Middle Name:

Last Name: Bays

Suffix:	Title:
	SSM I

Organizational Affiliation:

Telephone Number: 916-445-3701

Fax Number:

Email: Lisa.Bays@wildlife.ca.gov

Signature of Authorized Representative: Lisa Bays

Date Signed: 02/18/2016

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0002
Expiration Date: 01/31/2019

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

Other (specify):

1.b. Frequency:
- [x] Annual
- [ ] Quarterly
- [ ] Other

Other (specify):

1.d. Version:
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

2. Date Received: 02/19/2016

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier: G1698071

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

4b. Federal Award Identifier:

7. APPLICANT INFORMATION:

a. Legal Name:
State of California

Governor's Office of Planning & Research

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567

c. Organizational DUNS: 8083223580000

FEB 24 2016
STATE CLEARINGHOUSE

d. Address:

Street1: 1831 Ninth Street

Street2:

City: Sacramento

County / Parish:

State: CA: California

Province:

Country: USA: UNITED STATES

Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: CDFW

Division Name: Federal Assistance Section

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

Prefix: Ms.

First Name: Melissa

Middle Name:

Last Name: Jones

Suffix:

Title: Grant Administrator

Organizational Affiliation:

Telephone Number: 916-327-0062

Fax Number:

Email: Melissa.Jones@wildlife.ca.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

11. Descriptive Title of Applicant's Project:

Wildlife Management and Resource Assessment: Central Region Game and Non-Game Species

12. Areas Affected by Funding:

Stanislaus (10), Tuolumne (4), Merced (16), Mariposa (4), Madera (4), Fresno (21), Kings (21), Tulare (23), and Kern (23)

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-006

b. Program/Project:

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

Add Attachment | Delete Attachment | View Attachment

14. FUNDING PERIOD:

a. Start Date: 07/01/2016

b. End Date: 06/30/2017

15. ESTIMATED FUNDING:

a. Federal ($): 782,471.00

b. Match ($): 260,823.00

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 02/19/2016
- [ ] 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:
Ms.	Lisa

Middle Name:

Last Name: Bays

Suffix:	Title:
	SSM I

Organizational Affiliation:

Telephone Number: 916-445-3701

Fax Number:

Email: Lisa.Bays@wildlife.ca.gov

Signature of Authorized Representative: Lisa Bays

Date Signed: 02/19/2016

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
02/10/2016	CA Dept. of Food & Agriculture

Governor's Office of Planning & Research
FEB 25 2016
STATE CLEARINGHOUSE

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	15-8506-1164-CA

State Use Only:

6. Date Received by State:	7. State Application Identifier:
02/10/2016	14-0435-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	8074876650000

d. Address:

* Street1: 3294 Meadowview Road
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95832-1437

e. Organizational Unit:

Department Name:	Division Name:
Food and Agriculture	Plant Health & Pest Prevention

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

Prefix: Dr. * First Name: Patrick
Middle Name:
* Last Name: Akers
Suffix:

Title: Environmental Program Manager II

Organizational Affiliation:

* Telephone Number: 916-262-1102 Fax Number: 916-262-2020

* Email: patrick.akers@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 & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

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:**

Light Brown Apple 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: CA;3rd
* b. Program/Project: CA;all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014
* b. End Date: 03/31/2016

18. Estimated Funding ($):

* a. Federal	1,536,842.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,536,842.00

*** 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 02/25/2016.

☐ 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: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Office of Grants Administration

* Telephone Number: 916-403-6533

Fax Number:

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

* Signature of Authorized Representative: Crystal Myers

* Date Signed: 2/25/16

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

Application for Federal Assistance SF-424

Version 02

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

Governor's Office of Planning & Research

*3. Date Received: 4. Application Identifier:

FEB 29 2016

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

STATE CLEARINGHOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Cahto Tribe of the Laytonville Rancheria

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2336487

*c. Organizational DUNS: 839424157

d. Address:

*Street1: 300 Cahto Drive
Street 2:
*City: Laytonville
County:
*State: CA
Province:
Country: *Zip/ Postal Code: 95454

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: Dillon
Middle Name:
*Last Name: Dobson
Suffix:

Title: Housing Director

Organizational Affiliation:
Cahto Tribe of the Laytonville Rancheria

*Telephone Number: (707) 984 6197 Fax Number:

*Email: housingdirector@cahto.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: I. Indian/Native American Tribal Government (Federally Recogni

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
United States 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.):
Cahto Tribe Reservation

*15. Descriptive Title of Applicant's Project:
Planning for the development and installation of a new waste water treatment facility.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant Cahto Tribe of the Laytonville Ranch *b. Program/Project: Cahto Waste Water

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

17. Proposed Project: Cahto Waste Water Planning

*a. Start Date: 7/2016 *b. End Date: 10/2016

18. Estimated Funding ($):

*a. Federal	$30,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$30,000.00

***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: Aimie

Middle Name:

*Last Name: Lucas

Suffix:

*Title: Cahto Tribe Chairperson

*Telephone Number: (707) 984 6197 Fax Number:

*Email: chairwomanlucas@cahto.org

*Signature of Authorized Representative: Aimie R. Lucas Date Signed: Feb. 17, 2016