

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1 - 15, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 1/2/13	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: City of Arroyo Grande	Organizational Unit: Department: City Manager's Office
Organizational DUNS: 077252575	Division: NA
Address: Street: 214 East Branch Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Steven
City: Arroyo Grande	Middle Name: Duane
County: San Luis Obispo	Last Name: Adams
State: California	Zip Code: 93420
Country: USA	Email:

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JAN 01 2013

STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

9 5 - 6 0 0 0 6 6 8

Phone Number (give area code): 805-473-5400  
 Fax Number (give area code): 805-473-0386

**8. TYPE OF APPLICATION:**

New   
  Continuation   
  Revision

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

Other (specify)

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

**9. NAME OF FEDERAL AGENCY:**  
 USDA

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

1 0 - 7 6 6

TITLE (Name of Program):  
 USDA Rural Development Community Facilities Direct Loan and Grant Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Arroyo Grande Police Station

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 City of Arroyo Grande

**13. PROPOSED PROJECT**

Start Date: 4/1/13    Ending Date: 8/1/14

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant: 22nd    b. Project: 22nd

**15. ESTIMATED FUNDING:**

a. Federal	\$	3,800,000 <sup>00</sup>
b. Applicant	\$	2,097,000 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	5,897,000 <sup>00</sup>

**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. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

Yes. If "Yes" attach an explanation.     No

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

**a. Authorized Representative**

Prefix: Mr.	First Name: Steven	Middle Name: Duane
Last Name: Adams		Suffix:
b. Title: City Manager		c. Telephone Number (give area code): 805-473-5400
d. Signature of Authorized Representative		e. Date Signed

**BUDGET INFORMATION - Construction Programs**

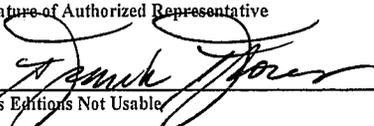
NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.

COST CLASSIFICATION	a. Total Cost			b. Costs Not Allowable for Participation		c. Total Allowable Costs (Columns a-b)	
1. Administrative and legal expenses	\$	50,000.00	\$	.00	\$	50,000.00	
2. Land, structures, rights-of-way, appraisals, etc.	\$	.00	\$	.00	\$	0.00	
3. Relocation expenses and payments	\$	.00	\$	.00	\$	0.00	
Architectural and engineering fees	\$	350,000.00	\$	.00	\$	350,000.00	
5. Other architectural and engineering fees	\$	286,000.00	\$	.00	\$	286,000.00	
6. Project inspection fees	\$	90,000.00	\$	.00	\$	90,000.00	
7. Site work	\$	.00	\$	.00	\$	0.00	
8. Demolition and removal	\$	.00	\$	.00	\$	0.00	
9. Construction	\$	4,565,000.00	\$	.00	\$	4,565,000.00	
10. Equipment	\$	100,000.00	\$	.00	\$	100,000.00	
11. Miscellaneous	\$	.00	\$	.00	\$	0.00	
12. SUBTOTAL (sum of lines 1-11)	\$	5,441,000.00	\$	0.00	\$	5,441,000.00	
13. Contingencies	\$	456,000.00	\$	.00	\$	456,000.00	
14. SUBTOTAL	\$	5,897,000.00	\$	0.00	\$	5,897,000.00	
15. Project (program) income	\$	.00	\$	.00	\$	0.00	
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$	5,897,000.00	\$	0.00	\$	5,897,000.00	
FEDERAL FUNDING							
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter the resulting Federal share. Enter eligible costs from line 16c. Multiply X _____ %							
						\$	0.00

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 12/21/2012	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Regional Capital Development</b>	
Address (give city, state, and zip code):  One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code)  Nathan Maddox (213) 922-7368	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award)		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District        N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		<b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE 49 U.S.C. § 5307-3		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  City of Los Angeles, Los Angeles County, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  CA-95-X227 CMAQ funds for Passenger and Pedestrian Improvements at transit stops and stations adjacent to LACCD campuses.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>07-10-2013</b>	Ending Date <b>09/20/2014</b>	a. Applicant <b>District 34</b>	b. Project <b>Passenger and Pedestrian Improvements</b>

<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?</b>	
a Federal	\$ 2,996,000	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>12/21/2012</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 749,000.00		
e Other	\$ .00		
f Program Income	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
g TOTAL	\$ 3,745,000	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	

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

a Typed Name of Authorized Representative <b>FRANK FLORES</b>	b Title Executive Officer, Regional Capital Development	c Telephone number <b>(213) 922-2456</b>
d. Signature of Authorized Representative 	e. Date Signed <b>12-28-12</b>	

**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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

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5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

\_\_\_\_\_ **JAN 07 2013**

State Use Only:

**STATE CLEARING HOUSE**

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

New Auberry Water Association

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

94-2318559

\* c. Organizational DUNS:

799150615

d. Address:

\* Street 1:

34624 Robles Road

Street 2:

\_\_\_\_\_

\* City:

Auberry

County/Parish:

\_\_\_\_\_

\* State:

California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

93602

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:

Shirley

Middle Name:

\_\_\_\_\_

\* Last Name:

Collins

Suffix:

\_\_\_\_\_

Title:

Secretary

Organizational Affiliation:

\_\_\_\_\_

\* Telephone Number:

(559) 855-8847

Fax Number:

\_\_\_\_\_

\* Email:

nawasec@gmail.com

**Application for Federal Assistance SF-424**

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

Non-profit

**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 Agriculture (USDA)

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

10.760

**CFDA Title:**

Water and Waste Disposal Loan and Grant Program

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

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

New Auberry, Fresno County, CA

Add Attachments

Delete Attachments

View Attachments

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

Water System Improvements - Drilling/testing up to four wells, purchasing well sites, well equipping which may include construction of treatment facilities, and piping/valves connecting the new wells to the existing water system.

**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 Attachments

Delete Attachments

View Attachments

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="\$2,341,688.00"/>
* b. Applicant	<input type="text" value="\$780,562.00"/>
* 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="\$0.00"/>

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

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

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

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

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

Yes  No

If "Yes, provide explanation and attach.

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:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

*Shirley Collins*

*1/3/13*

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 01/15/13	Agency Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b> 01/08/13	State Application Identifier
<input type="checkbox"/> Non-Construction	Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
	Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: Madera Irrigation District	<b>Organizational Unit:</b> Department: Madera Irrigation District
Organizational DUNS: 05-6162720	Division:
<b>Address:</b> Street: 12152 Road 28 1/4	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr.
City: Madera	First Name: Thomas
County: Madera	Middle Name:
State: California	Last Name: Greci
Zip Code: 93637	Suffix:
Country: USA	Email: tgreci@madera-ld.org

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JAN 08 2013

STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
94-6000886

<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) D. Special District Government Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Dept. of the Interior - Bureau of Reclamation, Policy & Admin.
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**8. TYPE OF APPLICATION:**  
 New     Continuation     Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify)  
FON- R13SF80003 / Watersmart: Water & Energy Efficiency Grants for FY 2013

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
15-507

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Water Conservation, Telemetry Upgrade & Improvement Project.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Madera County

<b>13. PROPOSED PROJECT</b> Start Date: Oct. 2013	Ending Date: Dec. 2015	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 19th - Denham	b. Project 19th - Denham
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 299,608 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/08/13
b. Applicant \$ 299,608 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ <sup>00</sup>	
g. TOTAL \$ 599,217 <sup>00</sup>	

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

**a. Authorized Representative**

Prefix Mr.	First Name Thomas	Middle Name
Last Name Greci	Suffix	
b. Title General Manager	c. Telephone Number (give area code) (559) 673-3514	
d. Signature of Authorized Representative	e. Date Signed 01/08/13	

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED January 9, 2013	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Sacramento Suburban Water District		Organizational Unit: Department:		
Organizational DUNS: 798624201		Division:		
Address: Street: 3701 Marconi Avenue, Suite 1000		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.		
City: Sacramento		First Name: Robert		
County: Sacramento		Middle Name: John		
State: CA		Last Name: Swartz		
Zip Code: 95821-5348		Suffix: JAN 08 2013		
Country: United States		Email: rswartz@rwah2o.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 80-0002258		STATE CLEARING HOUSE		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Bay-Delta Restoration Program: CALFED Water Use Efficiency Grants		9. NAME OF FEDERAL AGENCY: Dept of Interior, Bureau of Reclamation		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento city and county, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sacramento Regional 2013-2014 Residential Water Meter Installation Project		
13. PROPOSED PROJECT Start Date: October 1, 2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-003		
Ending Date: September 30, 2015		b. Project CA-003, CA-005		
16. ESTIMATED FUNDING:		18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 500,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 9, 2013		
b. Applicant	\$ 6,500,028 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ <sup>00</sup>			
g. TOTAL	\$ 7,000,028 <sup>00</sup>			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Robert	Middle Name		
Last Name Roscoe	Suffix			
b. Title General Manager	c. Telephone Number (give area code) 916-972-7171			
d. Signature of Authorized Representative	e. Date Signed Jan 7, 2013			

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <del>June 25, 2009</del> 1/9/13	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE NA	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: California State Coastal Conservancy	Organizational Unit: Department:
Organizational DUNS: 808322408	Division:
Address: Street: 1330 Broadway, 13th floor	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Joel
City: Oakland	Middle Name: Benjamin
County: Alameda	Last Name: Gerwein
State: CA Zip Code: 94612	Suffix:
Country: USA	Email: jgerwein@scc.ca.gov

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
94-3184988

Phone Number (give area code) 510-286-4170	Fax Number (give area code) 510-286-0470
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**8. TYPE OF APPLICATION:**  
 New  Continuation  Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)  
Other (specify):  
Change property to be protected

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

**9. NAME OF FEDERAL AGENCY:**  
US Fish and Wildlife Service

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
15-614

TITLE (Name of Program):  
National Coastal Wetlands Conservation Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Tomales Wetlands and Dunes Protection Project  
C-33-L-1

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
County of Marin, California

**13. PROPOSED PROJECT**

Start Date: January 1, 2010	Ending Date: December 31, 2012
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**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant: Barbara Lee, CA #9  
b. Project: Lynn Woolsey, CA #6

**15. ESTIMATED FUNDING:**

a. Federal	\$ 1,000,000.00
b. Applicant	\$ 500,000.00
c. State	\$ 0.00
d. Local	\$ 65,160.00
e. Other	\$ 0.00
f. Program Income	\$ 0.00
g. TOTAL	\$ 1,565,160.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
DATE: 1/8/2013  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
 Yes if "Yes" attach an explanation.  No

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

**a. Authorized Representative**

Prefix: Mr.	First Name: Samuel <i>Adore</i>	Middle Name: <i>Hitchcock</i>
Last Name: Schuchal	Suffix:	
b. Title: Executive Officer	c. Telephone Number (give area code): 510-286-1015	
d. Signature of Authorized Representative: <i>Samuel Peterson</i>	e. Date Signed: 1-9-13	

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

JAN 11 2013

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

[Empty field]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

\* a. Legal Name:

University Corporation at Monterey Bay

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

77-0387459

\* c. Organizational DUNS:

082412930

d. Address:

\* Street1:

100 Campus Center, Alumni and Visitors Center

\* Street2:

[Empty field]

\* City:

Seaside

\* County:

[Empty field]

\* State:

CA: California

\* Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

93955-8001

e. Organizational Unit:

Department Name:

Science & Environmental Policy

Division Name:

Science, Media Arts & Tech.

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

Prefix:

[Empty field]

\* First Name:

Christine

Middle Name:

[Empty field]

\* Last Name:

Limesand

Suffix:

[Empty field]

Title:

Assistant Director, Sponsored Programs Office

Organizational Affiliation:

California State University Monterey Bay

\* Telephone Number:

831-582-3551

Fax Number:

831-582-2305

\* Email:

climesand@csumb.edu

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

**Application for Federal Assistance SF-424** Version 02

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

Other (specify)

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.):**

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

Attach supporting documents as specified in agency instructions.



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

**Application for Federal Assistance SF-424** Version 02

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="95,000.00"/>
* 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="95,000.00"/>

\* 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 219, 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

<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> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____
--	--

RECEIVED  
JAN 14 2013

<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> _____
--	---

<b>State Use Only:</b>	<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
------------------------	---	---

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> County of Trinity
--

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000544	<b>* c. Organizational DUNS:</b> 145381427
--	---

<b>d. Address:</b>
<b>* Street 1:</b> P.O. Box 1913
<b>Street 2:</b> 11 Court Street
<b>* City:</b> Weaverville
<b>County/Parish:</b> Trinity
<b>* State:</b> CA
<b>Province:</b> _____
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 96093

<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 application:</b>	
<b>Prefix:</b> Mrs.	<b>* First Name:</b> Kathleen
<b>Middle Name:</b> L	
<b>* Last Name:</b> Ratliff	
<b>Suffix:</b> _____	

<b>Title:</b> Administrator/Paramedic
---------------------------------------

<b>Organizational Affiliation:</b> Trinity County Life Support
---

<b>* Telephone Number:</b> (530) 623-4844	<b>Fax Number:</b> (530) 623-2614
---	-----------------------------------

<b>* Email:</b> kratliff@tcls.org
-----------------------------------

**Application for Federal Assistance SF-424**

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

County

**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:**

**CFDA Title:**

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

10-766

**\* Title:**

Community Facilities Grant Program

**13. Competition Identification Number:**

**Title:**

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

Hayfork, California

Add Attachments

Delete Attachments

View Attachments

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

Ambulance Remount 2013

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 Attachments

Delete Attachments

View Attachments

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$30,000.00"/>
* b. Applicant	<input type="text" value="\$59,885.00"/>
* 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="\$89,885.00"/>

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

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

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

Yes  No

If "Yes, provide explanation and attach.

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:  \* 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: 01/31/2009

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty box]

\* Other (Specify)

[Empty box]

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

JAN 15 2013

5a. Federal Entity Identifier:

[Empty box]

\* 5b. Federal Award Identifier:

[Empty box]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

8. APPLICANT INFORMATION:

\* a. Legal Name:

El Dorado Irrigation District

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

94-6036480

\* c. Organizational DUNS:

048946420

d. Address:

\* Street1:

2890 Mosquito Road

Street2:

[Empty box]

\* City:

Placerville

County:

[Empty box]

\* State:

CA: California

Province:

[Empty box]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95667

e. Organizational Unit:

Department Name:

[Empty box]

Division Name:

[Empty box]

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

Prefix:

Ms.

\* First Name:

Cindy

Middle Name:

[Empty box]

\* Last Name:

Megerdigian

Suffix:

[Empty box]

Title:

Engineering Manager

Organizational Affiliation:

[Empty box]

\* Telephone Number:

530-642-4076

Fax Number:

530-642-4356

\* Email:

cmegerdigian@oid.org

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

**Application for Federal Assistance SF-424**

Version 02

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Bureau of Reclamation - Denver Office

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

15.507

CFDA Title:

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

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

R13SF80003

\* Title:

WaterSMART: Water and Energy Efficiency Grants for 2013

**13. Competition Identification Number:**

R13SF80003

Title:

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

Follock Pines and Camino, El Dorado County, California

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

Construct approximately 3-mile pipeline to convey water from Forebay Reservoir to Reservoir 1 Water Treatment Plant. Project replaces the open earthen ditch that currently convey water in this area.

Attach supporting documents as specified in agency instructions.

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

**Application for Federal Assistance SF-424**

Version 02

**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="1,500,000.00"/>
* b. Applicant	<input type="text" value="3,880,000.00"/>
* 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="5,380,000.00"/>

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

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

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

Yes  No

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

\*\* I AGREE.

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		*If Revision, select appropriate letter(s):  * Other (Specify)	
*3. Date Received:		4. Application Identifier:			
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
RECEIVED JAN 15 2013 STATE CLEARING HOUSE					
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: Grizzly Flats Community Services District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3443174			*c. Organizational DUNS: 931954127		
d. Address:					
*Street1: P.O. Box 250					
Street 2: 4765 Sciaroni Road					
*City: Grizzly Flats					
County: El Dorado County					
*State: California					
Province:					
Country: United States of America			*Zip/ Postal Code: 95636-0250		
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: Robert			
Middle Name:					
*Last Name: Ball					
Suffix:					
Title: Program Manager					
Organizational Affiliation: Grizzly Flats Community Services District					
*Telephone Number: (530) 295-3564			Fax Number: (530) 622-4806		
*Email: r-ball1@att.net					

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: **D. Special District Government**

Type of Applicant 2: Select Applicant Type:

**M. Nonprofit**

Type of Applicant 3: Select Applicant Type:

**R. Small Business**

\*Other (specify):

\*10. Name of Federal Agency:

**United States Department of Interior, Bureau of Reclamation**

11. Catalog of Federal Domestic Assistance Number:

**15.507**

CFDA Title:

\*12. Funding Opportunity Number:

**R13SF80003**

\*Title:

**WaterSMART: Water and Energy Efficiency Grants for Fiscal Year (FY) 2013**

13. Competition Identification Number:

Title:

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

**Grizzly Flats, El Dorado County, California 95636**

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

**Energy Efficiency Improvements Project (EEIP)****Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of: California

\*a. Applicant CA-004

\*b. Program/Project: CA-004

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

17. Proposed Project: Energy Efficiency Improvements Project

\*a. Start Date: September 2013

\*b. End Date: September 2014

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

*a. Federal	\$123,100.00
*b. Applicant	\$123,100.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$246,200.00

**\*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: Mrs.

\*First Name: Jodi

Middle Name:

\*Last Name: Lauther

Suffix:

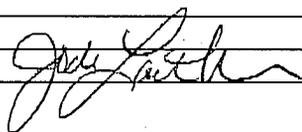
\*Title: General Manager

\*Telephone Number: (530) 622-9626

Fax Number: (530) 622-4806

\*Email: qfbill@sbcglobal.net

\*Signature of Authorized Representative:



Date Signed: January 15, 2013

**COPY**OMB Number: 4040-0004  
Expiration Date: 01/31/2009**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_**RECEIVED**

3. Date Received:

4. Applicant Identifier:

**JAN 15 2013**

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier: **STATE CLEARING HOUSE****State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Padre Dam Municipal Water District

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-6006621\*c. Organizational DUNS:  
073361743**d. Address:**\*Street 1: 9300 Fanita Parkway, P.O. Box 719003

Street 2: \_\_\_\_\_

\*City: SanteeCounty: San Diego\*State: California

Province: \_\_\_\_\_

\*Country: USA\*Zip / Postal Code 92072-9003**e. Organizational Unit:**Department Name:  
Department of Engineering and PlanningDivision Name:  
N/A**f. Name and contact information of person to be contacted on matters involving this application:**Prefix: Mr. \*First Name: Arne

Middle Name: \_\_\_\_\_

\*Last Name: Sandvik

Suffix: \_\_\_\_\_

Title: Senior EngineerOrganizational Affiliation:  
Padre Dam Municipal Water District

\*Telephone Number: 619-258-4643

Fax Number: 619-449-8629

\*Email: asandvik@padre.org

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> D. Special District Government  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> Department of the Interior, Bureau of Reclamation	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <u>15.507</u>  CFDA Title: _____	
<b>*12 Funding Opportunity Number:</b> <u>R13SF80003</u>  *Title: <u>WaterSMART: Water and Energy Efficiency Grants for FY 2013</u>	
<b>13. Competition Identification Number:</b> _____  Title: _____	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> East San Diego County, including Santee, El Cajon, Lakeside, Flinn Springs, Harbison Canyon, Blossom Valley, Alpine, Dehesa, and Crest.	
<b>*15. Descriptive Title of Applicant's Project:</b> Padre Dam Municipal Water District Water Recycling Facility Expansion Energy Recovery Program	

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

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\*a. Applicant: CA-50

\*b. Program/Project: CA-50

## 17. Proposed Project:

\*a. Start Date: July 1, 2013

\*b. End Date: June 15, 2015

## 18. Estimated Funding (\$):

*a. Federal	\$220,000
*b. Applicant	\$110,000
*c. State	0
*d. Local	\$110,000
*e. Other	0
*f. Program Income	\$440,000
*g. TOTAL	

## \*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 01/15/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes  No

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

\*\* I AGREE

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

## Authorized Representative:

Prefix: Mr.

\*First Name: Allen

Middle Name:

\*Last Name: Carlisle

Suffix:

\*Title: General Manager

\*Telephone Number: 619-258-4762

Fax Number: 619-258-6402

\* Email: acarlisle@padre.org

\*Signature of Authorized Representative

\*Date Signed: 1-15-13