

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1 - 15, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424		
<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> [RECEIVED] <b>* Other (Specify):</b> JAN 02 2014
<b>* 3. Date Received:</b> 01/02/2014	<b>4. Applicant Identifier:</b> STATE CLEARING HOUSE	
<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> [ ]	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> National Indian Justice Center	[ ]	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0004000	<b>* c. Organizational DUNS:</b> 1510953200000	
<b>d. Address:</b>		
<b>* Street1:</b> 5250 Aero Drive	[ ]	
<b>Street2:</b>	[ ]	
<b>* City:</b> Santa Rosa	[ ]	
<b>County/Parish:</b>	[ ]	
<b>* State:</b> CA: California	[ ]	
<b>Province:</b>	[ ]	
<b>* Country:</b> USA: UNITED STATES	[ ]	
<b>* Zip / Postal Code:</b> 95403-8069	[ ]	
<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> Ms.	<b>* First Name:</b> Raquelle	
<b>Middle Name:</b>	[ ]	
<b>* Last Name:</b> Myers	[ ]	
<b>Suffix:</b>	[ ]	
<b>Title:</b> Staff Attorney		
<b>Organizational Affiliation:</b> National Indian Justice Center		
<b>* Telephone Number:</b> 707-579-5507	<b>Fax Number:</b> 707-579-9019	
<b>* Email:</b> nijc@aol.com		

**Application for Federal Assistance SF-424**

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

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Utilities Programs

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

10.762

CFDA Title:

Solid Waste Management Grants

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

SWM-FY14

\* Title:

Solid Waste Management Grant Program

**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:**

Sustainable Solid Waste Management Solutions Online

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="52,684.00"/>
* b. Applicant	<input type="text" value="15,660.00"/>
* 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="68,344.00"/>

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

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

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

- Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

OMB Number: 4040-0004  
Expiration Date: 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 box]

**\* Other (Specify)**

[Empty box]

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

[Empty box]

**RECEIVED**

**5a. Federal Entity Identifier:**

[Empty box]

**\* 5b. Federal Award Identifier:**

[Empty box]

**JAN 03 2014**

**STATE CLEARING HOUSE**

**State Use Only:**

**6. Date Received by State:**

[Empty box]

**7. State Application Identifier:**

[Empty box]

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Sonoma County Water Agency

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

946000539

**\* c. Organizational DUNS:**

074662503

**d. Address:**

**\* Street1:**

404 Aviation Boulevard

**Street2:**

[Empty box]

**\* City:**

Santa Rosa

**County:**

Sonoma

**\* State:**

CA: California

**Province:**

[Empty box]

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95403

**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:**

Lynne

**Middle Name:**

[Empty box]

**\* Last Name:**

Rosselli

**Suffix:**

[Empty box]

**Title:**

Administrative Services Officer

**Organizational Affiliation:**

[Empty box]

**\* Telephone Number:**

707-524-3771

**Fax Number:**

707-524-3787

**\* Email:**

Lynne.Rosselli@scwa.ca.gov

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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b>	
<input type="text" value="D: Special District Government"/>	
<b>Type of Applicant 2: Select Applicant Type:</b>	
<input type="text"/>	
<b>Type of Applicant 3: Select Applicant Type:</b>	
<input type="text"/>	
<b>* Other (specify):</b>	
<input type="text"/>	
<b>* 10. Name of Federal Agency:</b>	
<input type="text" value="Bureau of Reclamation"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
<input type="text" value="15.504"/>	
<b>CFDA Title:</b>	
<input type="text" value="Title XVI Water Reclamation and Reuse Program"/>	
<b>* 12. Funding Opportunity Number:</b>	
<input type="text" value="R14AS00002"/>	
<b>* Title:</b>	
<input type="text" value="WaterSMART: Title XVI Water Reclamation and Reuse program Funding for Fiscal Year 2014"/>	
<b>13. Competition Identification Number:</b>	
<input type="text" value="R14AS00002"/>	
<b>Title:</b>	
<input type="text"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
<input type="text" value="Marin, Sonoma, and Napa Counties"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
<input type="text" value="North Bay Water Reuse Program"/>	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

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

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

**16. Congressional Districts Of:**  
\* a. Applicant  \* b. Program/Project

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

**17. Proposed Project:**  
\* a. Start Date:  \* b. End Date:

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

* a. Federal	<input type="text" value="2,034,732.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="6,104,196.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="8,138,928.00"/>

\* **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:

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]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

6a. Federal Entity Identifier:

[Empty field]

\* 6b. Federal Award Identifier:

[Empty field]

RECEIVED

State Use Only:

JAN 03 2014

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

\* a. Legal Name:

Hi-Desert Water District

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

95-2303211

\* c. Organizational DUNS:

081149304

RECEIVED

d. Address:

\* Street1:

55439 29 Palms Highway

Street2:

[Empty field]

\* City:

Yucca Valley

County:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92284

JAN 06 2014

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

Ms.

\* First Name:

Rochelle

Middle Name:

[Empty field]

\* Last Name:

Clayton

Suffix:

[Empty field]

Title:

Chief Financial Officer

Organizational Affiliation:

Hi-Desert Water District

\* Telephone Number:

760.228.6282

Fax Number:

760.365.0599

\* Email:

rochellec@hdwd.com

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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b> <input checked="" type="checkbox"/> Other (specify) <input style="width: 700px;" type="text"/>	
<b>Type of Applicant 2: Select Applicant Type:</b> <input style="width: 700px;" type="text"/>	
<b>Type of Applicant 3: Select Applicant Type:</b> <input style="width: 700px;" type="text"/>	
<b>* Other (specify):</b> <input type="checkbox"/> Public Utility <input style="width: 350px;" type="text"/>	
<b>* 10. Name of Federal Agency:</b> <input type="checkbox"/> Bureau of Reclamation <input style="width: 650px;" type="text"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <input type="checkbox"/> 15.504 <input style="width: 150px;" type="text"/>	
<b>CFDA Title:</b> <input type="checkbox"/> Title XVI Water Reclamation and Reuse Program <input style="width: 650px;" type="text"/>	
<b>* 12. Funding Opportunity Number:</b> <input type="checkbox"/> R14AS00002 <input style="width: 400px;" type="text"/>	
<b>- Title:</b> <input type="checkbox"/> WaterSMART: Title XVI Water Reclamation and Reuse program Funding for Fiscal Year 2014 <input style="width: 650px;" type="text"/>	
<b>13. Competition Identification Number:</b> <input type="checkbox"/> R14AS00002 <input style="width: 400px;" type="text"/>	
<b>Title:</b> <input style="width: 650px;" type="text"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> <input type="checkbox"/> Sacramento-San Joaquin Bay Delta hydrologic region, Town of Yucca Valley, Joshua Tree, San Bernardino County, Warren Groundwater Basin. <input style="width: 650px;" type="text"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b> <input type="checkbox"/> Hi-Desert Water District's Wastewater Treatment and Reclamation Project <input style="width: 650px;" type="text"/>	
<b>Attach supporting documents as specified in agency instructions.</b>	
<input type="button" value="Add Attachments"/> <input type="button" value="Cancel"/> <input type="button" value="OK"/>	

OMB Number: 4040-0004  
Expiration Date: 01/31/2008

**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="4,000,000.00"/>
* b. Applicant	<input type="text" value="83,079,817.00"/>
* c. State	<input type="text" value="3,000,000.00"/>
* 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="90,079,817.00"/>

**\* 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:  Completed by Grants.gov upon submission.

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]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

RECEIVED

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

[Empty field]

JAN 06 2014

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

\* a. Legal Name:

Hi-Desert Water District

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

95-2303211

\* c. Organizational DUNS:

061149304

d. Address:

\* Street1:

5543 S Palm Highway

Street2:

\* City:

Yucca Valley

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92284

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

Ms.

\* First Name:

Rochelle

Middle Name:

\* Last Name:

Clayton

Suffix:

Title:

Chief Financial Officer

Organizational Affiliation:

Hi-Desert Water District

\* Telephone Number:

760.228.6282

Fax Number:

760.365.0599

\* Email:

rochellec@hdwd.com

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:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

Public Utility

\* 10. Name of Federal Agency:

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Title XVI Water Reclamation and Reuse Program

\* 12. Funding Opportunity Number:

R14AS00002

Title:

RECLAMATION WILL NOT BE RECLAIMED AND REUSE PROGRAM Funding for fiscal year 2014

13. Competition Identification Number:

R14AS00002

Title:

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

San Jacinto and Coachella hydrologic region, Town of Yucca Valley, Joshua Tree San Bernardino County, Warren Groundwater Basin.

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

Hi-Desert Water District's Wastewater Treatment and Reclamation Project

Attach supporting documents as specified in agency instructions.

Add Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-041

\* b. Program/Project CA-041

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

Buttons: Add Attachment, Cancel, OK

17. Proposed Project:

\* a. Start Date: 04/01/2012

\* b. End Date: 09/30/2016

18. Estimated Funding (\$):

* b. Federal	4,000,000.00
* b. Applicant	93,079,817.00
* c. State	3,000,000.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	90,079,817.00

\* 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 12/30/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: Rochelle

Middle Name:

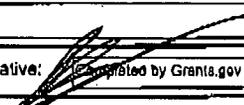
\* Last Name: Clayton

Suffix:

\* Title: Chief Financial Officer

\* Telephone Number: 760.228.6282 Fax Number: 760.365.0599

\* Email: rochellec@hdwd.com

\* Signature of Authorized Representative:  Completed by Grants.gov upon submission. \* Date Signed: 01/06/2014 Completed by Grants.gov upon submission.

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]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

[Empty field]

**RECEIVED**

State Use Only:

**JAN 06 2009**

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

**STATE CLEARING HOUSE**

8. APPLICANT INFORMATION:

\* a. Legal Name:

Clear Creek Community Services District

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

94-1623667

\* c. Organizational DUNS:

C852880740000

d. Address:

\* Street1:

5880 Oak Street

Street2:

[Empty field]

\* City:

Anderson

County:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95007-9126

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

[Empty field]

\* First Name:

Kurt

Middle Name:

[Empty field]

\* Last Name:

Born

Suffix:

[Empty field]

Title:

[Empty field]

Organizational Affiliation:

[Empty field]

\* Telephone Number:

530-357-2121

Fax Number:

530-357-3723

\* Email:

skip@clearcreekcsd.com

**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

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

15.507

**CFDA Title:**

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

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

R14AS00001

**\* Title:**

WaterSMART: Water and Energy Efficiency Grants for FY 2014

**13. Competition Identification Number:**

R14AS00001

**Title:**

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

The communities of Olinda/Happy Valley (Clear Creek CSD) and Centerville CSD.

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

Clear Creek CSD Treatment Plant Backwash Recycle Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Download Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="179,162.00"/>
* b. Applicant	<input type="text" value="179,162.00"/>
* 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="358,324.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**\* 3. Date Received:**

\_\_\_\_\_

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Santa Clara Valley Water District

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

94-1695531

**\* c. Organizational DUNS:**

0691289990000

**RECEIVED**

**JAN 07 2014**

**STATE CLEARING HOUSE**

**d. Address:**

**\* Street1:**

5750 Almaden Expressway

**\* Street2:**

\_\_\_\_\_

**\* City:**

San Jose

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95118

**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:**

Katherine

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Oven

**Suffix:**

\_\_\_\_\_

**Title:**

Deputy Operating Officer, WUE Capital

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

408.630.3126

**Fax Number:**

\_\_\_\_\_

**\* Email:**

koven@valleywater.org

**Application for Federal Assistance SF-424**

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Interior, Bureau of Reclamation,

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

15.504

CFDA Title:

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

R14AS00002

\* Title:

WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2014

**13. Competition Identification Number:**

Title:

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

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

South Santa Clara County Recycled Water Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant 20, 19, 18, 17

\* b. Program/Project 20

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

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2012

\* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	3,057,000.00
* b. Applicant	9,171,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	12,228,000.00

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

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

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

Yes.  No

If "Yes", provide explanation and attach

Attachment buttons: 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: Mr. \* First Name: Beau  
 Middle Name:  
 \* Last Name: Goldie  
 Suffix:

\* Title: CEO

\* Telephone Number: 408.630.2634 Fax Number:

\* Email: bgoldie@vallywater.org

Signature of Authorized Representative: *James Goldie*

\* Date Signed: 1/13/14

**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:**

01/07/2014

**4. Applicant Identifier:**

\_\_\_\_\_

**JAN 07 2014**

**5a. Federal Entity Identifier:**

U. S. Bureau of Reclamation

**\* 5b. Federal Award Identifier:**

STATE CLEARINGHOUSE

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Inland Empire Utilities Agency

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

95-6004609

**\* c. Organizational DUNS:**

043656206

**d. Address:**

**\* Street1:**

6075 Kimball Ave

**Street2:**

\_\_\_\_\_

**\* City:**

Chino

**County:**

San Bernardino

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

91708-9174

**e. Organizational Unit:**

**Department Name:**

Finance & Accounting

**Division Name:**

Grants Administration

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

**Prefix:**

Mr.

**\* First Name:**

Jason

**Middle Name:**

H

**\* Last Name:**

Gu

**Suffix:**

\_\_\_\_\_

**Title:**

Grants Officer

**Organizational Affiliation:**

Inland Empire Utilities Agency

**\* Telephone Number:**

909-993-1636

**Fax Number:**

(909) 993-1986

**\* Email:**

jgu@ieua.org

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

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Title XVI Water Reclamation and Reuse Program

\* 12. Funding Opportunity Number:

R14AS00002

\* Title:

WaterSMART: Title XVI Water Reclamation and Reuse program Funding for Fiscal Year 2014

13. Competition Identification Number:

R14AS00002

Title:

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

City of Ontario, County of San Bernardino, State of California

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

Lower Chino Dairy Area Desalination and Reclamation well Field and Pipeline Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="4,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="10,189,780.00"/>
* e. Other	<input type="text" value="7,502,342.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="21,692,122.00"/>

\* 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:

Authorized for Local Reproduction

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
* 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): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
<b>RECEIVED</b> <b>JAN 09 2014</b> <b>STATE CLEARING HOUSE</b>		
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text"/> Rancho California Water District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 95-2415751	* c. Organizational DUNS: <input type="text"/> 053836235	
<b>d. Address:</b>		
* Street1: <input type="text"/> 42135 Winchester Rd.	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: <input type="text"/> Temecula	<input type="text"/>	
County: <input type="text"/>	<input type="text"/>	
* State: <input type="text"/> CA: California	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text"/> USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: <input type="text"/> 92590	<input type="text"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/> Planning Department	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/>	* First Name: <input type="text"/> Denise	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: <input type="text"/> Landstedt	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text"/> Senior Water Resources Planner		
Organizational Affiliation: <input type="text"/> Rancho California Water District		
* Telephone Number: <input type="text"/> 951-296-6916	Fax Number: <input type="text"/> 951-296-6860	
* Email: <input type="text"/> landstedtd@ranchowater.com		

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

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

15.504

CFDA Title:

Title XVI Water Reclamation and Reuse Program

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

R14AS00002

\* Title:

WaterSMART: Title XVI Water Reclamation and Reuse program Funding for Fiscal Year 2014

**13. Competition Identification Number:**

R14AS00002

Title:

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

City of Temecula, portions of the City of Murrieta, and unincorporated areas of southwest Riverside County, California.

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

Demineralization and Non-Potable Water Conversion Project, Indirect Potable Reuse Preliminary Design Study Component

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

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

**16. Congressional Districts Of:**

\* a. Applicant  \* b. Program/Project

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

**17. Proposed Project:**

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

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

* a. Federal	503,315.00
* b. Applicant	1,509,944.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,013,259.00

**\* 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:

OMB Number: 4040-0004

Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Redacted]

\* Other (Specify):

[Redacted]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Redacted]

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JAN 09 2014

5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

[Redacted]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

G1398013

a. 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:

[Redacted]

\* City:

SACRAMENTO

County/Parish:

[Redacted]

\* State:

CA: California

Province:

[Redacted]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

FISH AND WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

\* First Name:

JASON

Middle Name:

[Redacted]

\* Last Name:

WILLIAMS

Suffix:

[Redacted]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Redacted]

\* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

\* Email:

jason.williams@wildlife.ca.gov

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.611

**CFDA Title:**

Wildlife Restoration and Basic Hunter Education

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

E13A300077

**\* Title:**

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

**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:**

HEAVY EQUIPMENT & VEHICLES SUPPORTING WILDLIFE RESTORATION & MANAGEMENT GRANTS

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="1,713,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="571,000.00"/>
* 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="2,284,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application </td> <td style="vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision </td> <td style="vertical-align: top;"> <p>* If Revision, select appropriate letter(s):  <input type="text"/>  <p>* Other (Specify)  <input type="text"/></p> </p></td> </tr> </table>			<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):  <input type="text"/>  <p>* Other (Specify)  <input type="text"/></p> </p>
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):  <input type="text"/>  <p>* Other (Specify)  <input type="text"/></p> </p>			
<p>* 3. Date Received:  <input type="text"/> Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier:  <input type="text"/></p>			
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  <input type="text"/></p>			
<p>State Use Only:</p>					
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>			
<p><b>8. APPLICANT INFORMATION:</b></p>					
<p>* a. Legal Name: <input type="text"/> Sweetwater Authority</p>					
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text"/> 95-2759399</p>		<p>* c. Organizational DUNS:  <input type="text"/> 084248467</p>			
<p><b>d. Address:</b></p>					
<p>* Street1: <input type="text"/> 505 Garrett Avenue</p>					
<p>Street2: <input type="text"/></p>					
<p>* City: <input type="text"/> Chula Vista</p>					
<p>County: <input type="text"/></p>					
<p>* State: <input type="text"/> CA: California</p>					
<p>Province: <input type="text"/></p>					
<p>* Country: <input type="text"/> USA: UNITED STATES</p>					
<p>* Zip / Postal Code: <input type="text"/> 91910</p>					
<p><b>e. Organizational Unit:</b></p>					
<p>Department Name:  <input type="text"/></p>		<p>Division Name:  <input type="text"/></p>			
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>					
<p>Prefix: <input type="text"/></p>		<p>* First Name: <input type="text"/> James</p>			
<p>Middle Name: <input type="text"/> L.</p>					
<p>* Last Name: <input type="text"/> Smyth</p>					
<p>Suffix: <input type="text"/></p>					
<p>Title: <input type="text"/> General Manager</p>					
<p>Organizational Affiliation:  <input type="text"/></p>					
<p>* Telephone Number: <input type="text"/> 1-619-409-6701</p>		<p>Fax Number: <input type="text"/></p>			
<p>* Email: <input type="text"/> jsmyth@sweetwater.org</p>					

RECEIVED

JAN 09 2014

STATE CLEARING HOUSE

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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b>	
<input type="text" value="D: Special District Government"/>	
<b>Type of Applicant 2: Select Applicant Type:</b>	
<input type="text"/>	
<b>Type of Applicant 3: Select Applicant Type:</b>	
<input type="text"/>	
* Other (specify):	
<input type="text"/>	
<b>* 10. Name of Federal Agency:</b>	
<input type="text" value="Bureau of Reclamation"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
<input type="text" value="15.504"/>	
<b>CFDA Title:</b>	
<input type="text" value="Title XVI Water Reclamation and Reuse Program"/>	
<b>* 12. Funding Opportunity Number:</b>	
<input type="text" value="R14AS00002"/>	
<b>* Title:</b>	
<input type="text" value="WaterSMART: Title XVI Water Reclamation and Reuse program Funding for Fiscal Year 2014"/>	
<b>13. Competition Identification Number:</b>	
<input type="text" value="R14AS00002"/>	
<b>Title:</b>	
<input type="text"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
<input type="text"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
<input type="text" value="Sweetwater Authority Water Reclamation Project, Phase II"/>	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="New Attachments"/>	

**Application for Federal Assistance SF-424**

Version 02

<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> _____
---	---	---

RECEIVED

<b>* 3. Date Received:</b> 01/07/2014	<b>4. Applicant Identifier:</b> JAN 10 2014
--	--

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> City of Corona
--

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-6000697	<b>* c. Organizational DUNS:</b> 088513155
--	---

**d. Address:**

<b>* Street1:</b>	755 Public Safety Way
<b>Street2:</b>	_____
<b>* City:</b>	Corona
<b>County:</b>	Riverside
<b>* State:</b>	CA: California
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	92880

**e. Organizational Unit:**

<b>Department Name:</b> Department of Water and Power	<b>Division Name:</b> _____
--	--------------------------------

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

<b>Prefix:</b> Ms.	<b>* First Name:</b> Jacqueline
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Zukeran	
<b>Suffix:</b> _____	

<b>Title:</b> Business Supervisor
-----------------------------------

<b>Organizational Affiliation:</b> City of Corona
--

<b>* Telephone Number:</b> 951-739-4983	<b>Fax Number:</b> _____
---	--------------------------

<b>* Email:</b> Jacqueline.Zukeran@ci.corona.ca.us
--

**Application for Federal Assistance SF-424**

Version 02

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Bureau of Reclamation

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

15.504

CFDA Title:

Title XVI Water Reclamation and Reuse Program

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

R14AS00002

\* Title:

WaterSMART: Title XVI Water Reclamation and Reuse program Funding for Fiscal Year 2014

**13. Competition Identification Number:**

R14AS00002

Title:

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

City of Corona, California

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

Corona, CA: Foothill Parkway Extension Reclaimed Waterline and Main Street Reclaimed Water Storage Tank

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="2,418,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="7,254,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="9,672,000.00"/>

**\* 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**

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

**RECEIVED**

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

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier (See Page 21 of this REA Attachment G) G11AP20121
---	---

IAN 13 2011  
**STATE CLEARING HOUSE**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: The Regents of the University of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 9 4 6 0 3 6 4 9 4	* c. Organizational DUNS: 604591925

d. Address:	
* Street1:	1111 Franklin Street, 10th Floor
Street2:	_____
* City:	Oakland
County:	Alameda
* State:	CA
Province:	_____
* Country:	USA
* Zip / Postal Code:	94607-5200

e. Organizational Unit:	
Department Name: Water Resources	Division Name: Agriculture and Natural Resources

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: _____	* First Name: Doug
Middle Name: _____	
* Last Name: Parker	
Suffix: Ph.D.	
Title: Director, California Institute for Water Resources	
Organizational Affiliation: University of California, Agriculture and Natural Resources	

* Telephone Number: 510-987-0036	Fax Number: _____
* Email: doug.parker@ucop.edu	

**Application for Federal Assistance SF-424**

Version 02

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

I. State Controlled Institution of Higher Learning

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

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

**\* Other (specify):**

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

U.S. Geological Survey

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

1 5 8 0 5

**CFDA Title:**

Assistance to State Water Resources Research Institutes

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

11HQPA0002

**\* Title:**

STATE WATER RESOURCES RESEARCH INSTITUTE PROGRAM  
FISCAL YEAR 2014 REQUEST FOR APPLICATIONS

**13. Competition Identification Number:**

N/A

**Title:**

N/A

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

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

State Water Resources Research Institute Program, Fiscal Year 2014

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-013

\* b. Program/Project Statewide

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

17. Proposed Project:

\* a. Start Date: 03/01/2014

\* b. End Date: 02/28/2015

18. Estimated Funding (\$):

* a. Federal	92,335
* b. Applicant	509,262
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	601,597

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 1/13/14
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

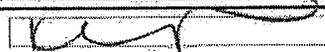
Authorized Representative:

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

\* Title: Contracts and Grants Analyst

\* Telephone Number: 530-750-1276 Fax Number:

\* Email: ktrose@ucanr.edu

\* Signature of Authorized Representative:  \* Date Signed: 1.13.14

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Stratford Public Utility District		Organizational Unit: Department: N/A	
Organizational DUNS:		Division: N/A	
Address: Street: 19681 Railroad		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: James	
City: Stratford		Middle Name: H.	
County: Kings		Last Name: Wegley	
State: CA	Zip Code: 93266	Suffix:	
Country: USA		Email: kelweg1@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6034933		Phone Number (give area code): 559-732-7938	Fax Number (give area code): 559-732-7937
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 Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program		9. NAME OF FEDERAL AGENCY: United States Dept. of Agriculture-RD	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Facility Improvement Project	
13. PROPOSED PROJECT Start Date: December 2014 Ending Date: March 2016		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 21 b. Project: 21	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,029,100	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 0	DATE:	
c. State	\$ 4,000,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 5,029,100		
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: Jeff	Middle Name:	
Last Name: Gonzalez		Suffix:	
b. Title: President		c. Telephone Number (give area code): 559-947-3037	
d. Signature of Authorized Representative		e. Date Signed: 1-8-14	

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)  
Prescribed by OMB Circular A-102

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

<b>Application for Federal Assistance SF-424</b>		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): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	<b>RECEIVED</b>  <b>JAN 15 2014</b>  <b>STATE CLEARING HOUSE</b>
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="El Dorado Irrigation District"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6036480"/>	* c. Organizational DUNS: <input type="text" value="048946420"/>	
<b>d. Address:</b>		
* Street1: <input type="text" value="2890 Mosquito Rd"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Placerville"/>	County: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="95667"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Cindy"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Megerdigian"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Engineering Manager"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="530-642-4056"/>	Fax Number: <input type="text" value="530-622-8597"/>	
* Email: <input type="text" value="cmegordigian@eid.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

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

15.507

**CFDA Title:**

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

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

RI4AS00001

**\* Title:**

WaterSMART: Water and Energy Efficiency Grants for FY 2014

**13. Competition Identification Number:**

RI4AS00001

**Title:**

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

Pollock 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 conveys water in this area.

Attach supporting documents as specified in agency instructions.

Add Attachments

View Attachments

New Attachments

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

**Application for Federal Assistance SF-424**

**Version 02**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="1,000,000.00"/>
* b. Applicant	<input type="text" value="4,100,000.00"/>
* 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="5,100,000.00"/>

**\* 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:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify)

\* 3. Date Received:

01/15/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED

8. APPLICANT INFORMATION:

JAN 15 2014

\* a. Legal Name:

Santa Ana Watershed Project Authority

STATE CLEARING HOUSE

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

952899964

\* c. Organizational DUNS:

086591575

d. Address:

\* Street1:

11615 Sterling Avenue

Street2:

\* City:

Riverside

County:

Riverside

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92503

e. Organizational Unit:

Department Name:

Water Resources & Planning

Division Name:

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

Prefix:

Mr.

\* First Name:

Dean

Middle Name:

\* Last Name:

Unger

Suffix:

Title:

Information Technology Manager

Organizational Affiliation:

\* Telephone Number:

(951) 354 4220

Fax Number:

(951) 785 7076

\* Email:

dunger@sawpa.org

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 - Lower Colorado Region

11. Catalog of Federal Domestic Assistance Number:

15.530

CFDA Title:

Water Conservation Field Services Program (WCFSP)

\* 12. Funding Opportunity Number:

R14SF35010

\* Title:

Water Conservation Field Services Program - Southern California Area Office

13. Competition Identification Number:

R14SF35010

Title:

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

City of Mentone, San Bernardino County, California; City of Hemet, Riverside County, California;  
City of Huntington Beach, Orange County, California

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

Santa Ana River Watershed LIDAR/Inferred Imagery Landscape Mapping Demonstration Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant: CA-041

\* b. Program/Project: CA-031

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

SARM 2013-14 US Congressiona [Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:

\* a. Start Date: 10/01/2014

\* b. End Date: 10/30/2015

18. Estimated Funding (\$):

* a. Federal	38,448.50
* b. Applicant	38,448.50
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	76,897.00

\* 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 01/15/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No [Explanation]

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Ms. \* First Name: Celeste  
Middle Name:  
\* Last Name: Cantu  
Suffix:

\* Title: General Manager

\* Telephone Number: (951) 354 4220 Fax Number: (951) 785 7076

\* Email: ccantu@sawpa.org

\* Signature of Authorized Representative: Richard Whelan \* Date Signed: 01/15/2014