

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1 - 15, 2015**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

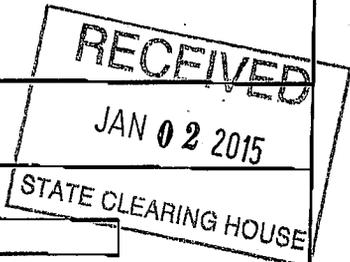
- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**



*** 3. Date Received:**

4. Applicant Identifier:

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:**

Sacramento Metropolitan Air Quality Management District

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

68-0382186

*** c. Organizational DUNS:**

0264538990000

d. Address:

*** Street1:**

777 12th Street, 3rd Floor

Street2:

*** City:**

Sacramento

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814-1905

c. Organizational Unit:

Department Name:

Division Name:

Program Coordination Division

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

Prefix:

*** First Name:**

Brigette

Middle Name:

*** Last Name:**

Tollstrup

Suffix:

Title:

Division Manager

Organizational Affiliation:

*** Telephone Number:**

916-874-4832

Fax Number:

916-874-4899

*** Email:**

btollstrup@airquality.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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

*** 12. Funding Opportunity Number:**

EPA-OAR-OAQS-15-01

*** Title:**

Community-Scale Air Toxics Ambient Monitoring

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:**

Measuring Air Toxics from Wood Smoke and Mitigating Exposure in Sacramento EJ Communities

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="360,932.00"/>
* b. Applicant	<input type="text" value="154,160.00"/>
* 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="515,092.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

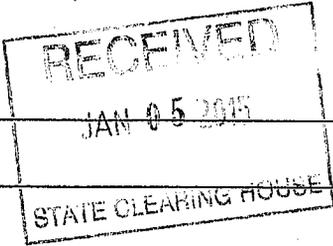
* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 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): - Select One - * Other (Specify)
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* 3. Date Received:	4. Application Identifier: KRIV
----------------------------	---

5a. Federal Entity Identifier: 3-06-0201	* 5b. Federal Award Identifier:
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State Use Only:	6. Date Received by State:	7. State Application Identifier:
------------------------	-----------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: March inland port Airport Authority	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0579350	*c. Organizational DUNS: 799839428

d. Address:	
* Street1: 23555 Meyer Drive	
Street 2:	
* City: Riverside	
County: Riverside	
* State: California	
Province:	
Country: USA	*Zip/ Postal Code: 92518

e. Organizational Unit:	
Department Name: March Joint Powers Authority	Division Name: March Inland Port Airport Authority

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

Prefix: Mr.	First Name: Gary
Middle Name: W.	
* Last Name: Gosliga	
Suffix:	
Title: Airport Director	

Organizational Affiliation:

* Telephone Number: (951) 656-7000	Fax Number: (951) 653-5558
* Email: gosliga@marchjpa.com	

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

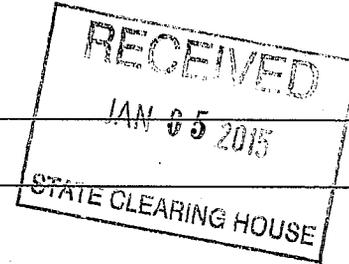
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program



*12. Funding Opportunity Number: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

Cities of Moreno Valley, Perris, Riverside, CA, County of Riverside

* 15. Descriptive Title of Applicant's Project:

Design & Construct Apron Rehabilitation

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 41st

*b. Program/Project: 41st

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

17. Proposed Project:

*a. Start Date: 01/01/2015

*b. End Date: 12/01/2015

18. Estimated Funding (\$):

*a. Federal	2,511,900.00
*b. Applicant	279,100.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	2,791,000.00

*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 12/30/14
- 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 on next page.)

- 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: Ms. *First Name: Lori
Middle Name: M.
*Last Name: Stone
Suffix:

*Title: Executive Director

*Telephone Number: (951) 656-7000

Fax Number: (951) 653-5558

* Email: stone@marchjpa.com

*Signature of Authorized Representative:

Lori M. Stone

*Date Signed:

12/30/14

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

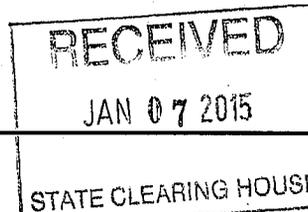
- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____



3. Date Received:

4. Applicant Identifier:
1162-1551

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: MicroBio Engineering, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
27-0524479

*c. Organizational DUNS:
611654141

d. Address:

*Street 1: PO Box 15821
Street 2: _____
*City: San Luis Obispo
County: _____
*State: California
Province: _____
*Country: USA
*Zip / Postal Code 93406

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: Ian
Middle Name: _____
*Last Name: Woertz
Suffix: _____

Title: M.S., P.E.

Organizational Affiliation:
MicroBio Engineering, Inc.

*Telephone Number: 805 242 3876

Fax Number: N/A

*Email: ianwoertz@microbioengineering.com

Application for Federal Assistance SF-424

Version 02

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

R. Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

***12 Funding Opportunity Number:**

DE-FOA-0001162

*Title:

TARGETED ALGAL BIOFUELS AND BIOPRODUCTS (TABB)

13. Competition Identification Number:

Title:

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

City of San Luis Obispo, San Luis Obispo County, CA

City of Livermore, Alameda County, CA

City of Richland, Benton County, WA

City of Portola Valley, San Mateo County, CA

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

Algae Fuels, Bioproducts and Clean Water Consortium (AFBW)

The proposed project will demonstrate the production of biofuels and bioproducts from algal biomass co-produced during

wastewater treatment. The process uses conventional paddle wheel mixed, CO2 supplied, raceway ponds; the algae are harvested by settling or micro filtration, followed by further thickening. The biomass is processed to extract oils, by fermentation to bioproducts and/or by hydrothermal liquefaction.

Research will be conducted at the existing algae ponds at the San Luis Obispo Algae Field Station inside the San Luis Obispo Water Resource Recycling Facility, in California.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-024

*b. Program/Project: CA-024

17. Proposed Project:

*a. Start Date: 9/1/2015

*b. End Date: 8/30/2019

18. Estimated Funding (\$):

*a. Federal	a. \$6,875,124
*b. Applicant	b. \$920,000
*c. State	c. \$0
*d. Local	d. \$74,364
*e. Other	e. \$808,208
*f. Program Income	f. \$0
*g. TOTAL	g. 8,677,697

***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 12/19/14
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

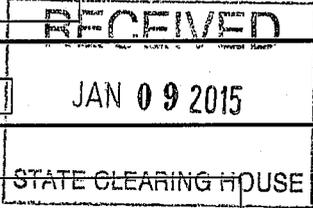
Authorized Representative:

Prefix: Mr. _____ *First Name: Ian _____
Middle Name: _____
*Last Name: Woertz _____

Application for Federal Assistance SF-424

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

* 3. Date Received: Completed by Grants.gov upon submission.	* 4. Applicant Identifier:
<input type="text"/>	<input type="text"/>



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

State Use Only:

6. Date Received by State:	7. State Application Identifier:
<input type="text"/>	<input type="text"/>

8. APPLICANT INFORMATION:

* a. Legal Name: Special Service for Groups		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
95-1716914	0265080720000	

d. Address:

* Street1:	905 E. 8th Street
Street2:	<input type="text"/>
* City:	Los Angeles
County/Parish:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90021-1848

e. Organizational Unit:

Department Name:	Division Name:
<input type="text"/>	<input type="text"/>

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

Prefix:	<input type="text"/>	* First Name:	Elizabeth
Middle Name:	<input type="text"/>		
* Last Name:	Berger		
Suffix:	<input type="text"/>		

Title: Development Director

Organizational Affiliation:

* Telephone Number:	213-553-1882	Fax Number:	<input type="text"/>
---------------------	--------------	-------------	----------------------

* Email: elizabethb@ssgmain.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

EPA-OECA-OEJ-15-01

* Title:

Environmental Justice Small Grants Program - Application Guidance FY2015

13. Competition Identification Number:

NONE

Title:

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

Add Attachment

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

Particulates Matter

Attach supporting documents as specified in agency instructions.

Add Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-034

* b. Program/Project CA-025

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

Attachment fields

17. Proposed Project:

* a. Start Date: 10/01/2015

* b. End Date: 09/30/2016

18. Estimated Funding (\$):

Table with 2 columns: Category and Amount. Rows include Federal (30,000.00), Applicant (0.00), State (0.00), Local (0.00), Other (0.00), Program Income (0.00), and TOTAL (30,000.00).

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

- Checked: a. This application was made available to the State under the Executive Order 12372 Process for review on 01/09/2015.
b. Program is subject to E.O. 12372 but has not been selected by the State for review.
c. Program is not covered by E.O. 12372.

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

Yes No (checked)

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)

Checked: ** 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: Herbert Middle Name: Last Name: Hatanaka Suffix:

* Title: Executive Director

* Telephone Number: 213-553-1800 Fax Number:

* Email: esq@esgmain.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

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

RECEIVED

JAN 12 2015

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

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: Strategic Energy Innovations

*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>68-0404081</u>	*c. Organizational DUNS: <u>122 369 973</u>
---	--

d. Address:

*Street 1: 899 Northgate Drive
 Street 2: Suite 410
 *City: San Rafael
 County: _____
 *State: CA
 Province: _____
 *Country: USA
 *Zip / Postal Code: 94903

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: Stephen
 Middle Name: _____
 *Last Name: Miller
 Suffix: _____

Title: Deputy Director

Organizational Affiliation:

*Telephone Number: 415-507-2186 Fax Number: 415-507-1975

*Email: stephen@seiinc.org

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:** U.S. Environmental Protection Agency Office of Environmental Justice

11. Catalog of Federal Domestic Assistance Number:

66.604

CFDA Title:

***12 Funding Opportunity Number:**

EPA-OECA-OEJ-15-01

*Title:

Environmental Justice Small Grants Program

13. Competition Identification Number:

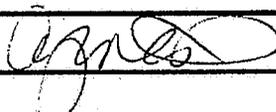
Title:

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

Visalia, CA

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

Sustainable Development in California's Central Valley

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-002	*b. Program/Project: CA-022	
17. Proposed Project:		
*a. Start Date: October 1, 2015	*b. End Date: July 1, 2016	
18. Estimated Funding (\$): \$62,200		
*a. Federal	\$30,000	
*b. Applicant	\$17,500	
*c. State	\$14,700	
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL		
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>1/8/2015</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: _____	*First Name: <u>Cyane</u>	
Middle Name: _____		
*Last Name: <u>Dandridge</u>		
Suffix: _____		
*Title: Executive Director		
*Telephone Number: 415-507-2184		Fax Number: 415-507-1975
* Email: cyane@seiinc.org		
*Signature of Authorized Representative: 		*Date Signed: 1/8/2014

Application for Federal Assistance SF-424
02

Version

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

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:

12/15/2014

4. Applicant Identifier:

[Redacted]

5a. Federal Entity Identifier:

[Redacted]

* 5b. Federal Award Identifier:

[Redacted]

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

8. APPLICANT INFORMATION:

* a. Legal Name: San Jose State University Research Foundation

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

946017638

* c. Organizational DUNS:

056820716

d. Address:

* Street1: 210 North Fourth Street
 Street2: 4th Floor
 * City: San Jose
 County: Santa Clara
 * State: CA: California
 Province: [Redacted]
 * Country: USA: UNITED STATES
 * Zip / Postal Code: 95112-5569

e. Organizational Unit:

Department Name: SJSU Research Foundation
 Division Name: Pre-award

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

Prefix: Ms. * First Name: Jeanne
 Middle Name: [Redacted]
 * Last Name: Dittman
 Suffix: [Redacted]
 Title: Director, Office of Sponsored Programs

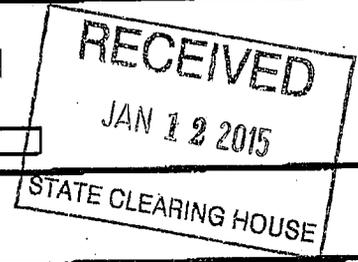
Organizational Affiliation:

San Jose State University Research Foundation

* Telephone Number: 408-924-1434

Fax Number: 408-924-1496

* Email: foundation-osp@sjsu.edu



Application for Federal Assistance SF-424

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):

Non-profit auxiliary to SJSU

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.427

CFDA Title:

Fisheries Development and Utilization Research and Development Grants and Cooperative Agreements Program

*** 12. Funding Opportunity Number:**

NOAA-NMFS-FHQ-2015-2004246

* Title:

2014/2015 Saltonstall Kennedy (2014/15 S-K)

13. Competition Identification Number:

2505655

Title:

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

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

Improving stock assessments for overfished species and maximizing fishing opportunities; visual surveys of untrawable areas in the Rockfish Conservation Areas

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="290,417.00"/>
* 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="290,417.00"/>

*** 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 and attach.)**

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

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

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

RECEIVED
JAN 13 2015
STATE CLEARING HOUSE

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** The Living Coast Discovery Center

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>330750177</u>	* c. Organizational DUNS: <u>0608154290000</u>
--	--

d. Address:

* Street1:	<u>1000 Gunpowder Point Drive</u>
Street2:	_____
* City:	<u>San Diego</u>
County/Parish:	_____
* State:	<u>CA: California</u>
Province:	_____
* Country:	<u>USA: UNITED STATES</u>
* Zip / Postal Code:	<u>91910-8222</u>

e. Organizational Unit:

Department Name: _____	Division Name: _____
----------------------------------	--------------------------------

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

Prefix: <u>Mr.</u>	* First Name: <u>Benedict</u>
Middle Name: _____	
* Last Name: <u>Vallejos</u>	
Suffix: _____	

Title: Executive Director

Organizational Affiliation:

* Telephone Number: <u>619-409-5900</u>	Fax Number: _____
--	--------------------------

*** Email:** ben@thelivingcoast.org

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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NOS-ORR-2015-2004319

* Title:

FY2015 NOAA Marine Debris Prevention through Education and Outreach

13. Competition Identification Number:

2508418

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Project Blue S.E.A. (Students, Engagement, and Action)

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="95,806.07"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="95,806.07"/>

*** 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:

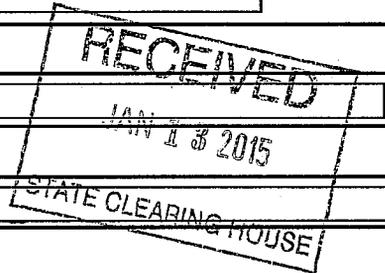
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424		Version 02
<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"/> * Other (Specify): <input type="text"/></p>		
* 3. Date Received: 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"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		* 7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* 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"/>
* d. Address:		
* 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"/>		
* e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Bob"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Rice"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Senior Civil Engineer"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="530 642 4079"/>	Fax Number: <input type="text" value="530-642 4379"/>	
* Email: <input type="text" value="brice@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:**

RL5AS00002

*** Title:**

WaterSMART: Water and Energy Efficiency Grants for FY 2015

13. Competition Identification Number:

Title:

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

Pollock Pines and Camino, El Dorado County, California

*** 16. 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.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA 004

* b. Program/Project CA-004

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

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2018

18. Estimated Funding (\$):

* a. Federal	1,000,000.00
* b. Applicant	3,777,000.00
* c. State	1,000,000.00
* d. Local	235,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	6,012,000.00

* 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 01/13/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

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 21B, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Jim
Middle Name:
* Last Name: Abercrombie
Suffix:

* Title: General Manager

* Telephone Number: 530 642 4041 Fax Number: 530-642-4341

* Email: jnabercrombie@eid.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

* 1. Type of Submission:

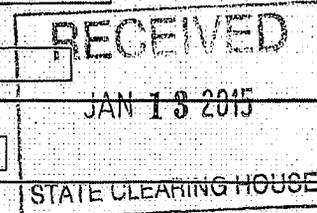
- Preapplication
 Application
 Changed/Corrected Application

* 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:

Explore Ecology

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:

Explore Ecology

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

20-4944165

* c. Organizational DUNS:

0457772450000

d. Address:

* Street1:

302 E. Cota Street

Street2:

* City:

Santa Barbara

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93101-1622

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mrs.

* First Name:

Ashley

Middle Name:

* Last Name:

Hollister

Suffix:

Title:

Board President

Organizational Affiliation:

Board President

* Telephone Number:

805 884-0459 X 17

Fax Number:

805 884-1879

* Email:

Ashley@Exploreecology.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NOS-ORR-2015-2004319

* Title:

FY2015 NOAA Marine Debris Prevention through Education and Outreach

13. Competition Identification Number:

2508418

Title:

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

Geographic Scope and Areas Served.docx

Add Attachment

Delete Attachment

View Attachment

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

Flows to the Ocean Marine Debris Prevention Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant:

* b. Program/Project:

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="48,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="38,430.00"/>
* e. Other	<input type="text" value="10,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="96,430.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 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:

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

G11AP20121

JAN 13 2015

State Use Only:

STATE CLEARING HOUSE

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):

946036494

* c. Organizational DUNS:

6045919250000

d. Address:

* Street1:

1111 Franklin Street, 10th Floor

Street2:

* City:

Oakland

County/Parish:

Alameda

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94607-5200

e. Organizational Unit:

Department Name:

Water Resources

Division Name:

Agriculture & Natural Resource

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:

Title:

Director, California Institute Water Resource

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

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.805

CFDA Title:

Assistance to State Water Resources Research Institutions

*** 12. Funding Opportunity Number:**

11HQPA0002

* Title:

State Water Resources Research Institute Program Fiscal Year 2015 Request for Applications

13. Competition Identification Number:

N/A

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

State Water Resources Research Institute Program, Fiscal Year 2015

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="92,335.00"/>
* b. Applicant	<input type="text" value="294,844.00"/>
* 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="387,179.00"/>

*** 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

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Authorized Representative:

Prefix: * First Name:

Middle Name:

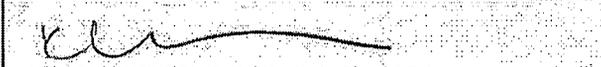
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed: