

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1 - 15, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**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):

**GENERAL MANAGER**

\* Other (Specify)

**MORONGO VALLEY CSD AND FIRE**

\* 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:

**MORONGO VALLEY COMMUNITY SERVICES DISTRICT AND FIRE DEPARTMENT**

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

**33-0440985**

\* c. Organizational DUNS:

**175102482**

d. Address:

\* Street 1:

**11207 OCOTILLO STREET**

Street 2:

\* City:

**MORONGO VALLEY**

County/Parish:

**SAN BERNARDINO**

\* State:

**CALIFORNIA**

Province:

\* Country:

**USA: UNITED STATES**

\* Zip / Postal Code:

**92256**

**RECEIVED**

**JAN 04 2016**

**STATE CLEARING HOUSE**

e. Organizational Unit:

Department Name:

**MORONGO VALLEY CSD**

Division Name:

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

Prefix:

\* First Name:

**DONNA**

Middle Name:

\* Last Name:

**MUNOZ**

Suffix:

Title:

**MORONGO VALLEY COMMUNITY SERVICES DISTRICT MANAGER**

Organizational Affiliation:

**MORONGO VALLEY CSD**

\* Telephone Number:

**(760) 363-6454**

Fax Number:

**(760) 363-6774**

\* Email:

**mvcsd@roadrunner.com**

**Application for Federal Assistance SF-424**

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

LOCAL GOVERNMENT-FIRE DEPARTMENT

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

USDA RURAL DEVELOPMENT

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

CFDA Title:

COMMUNITY FACILITY

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

\* Title:

**13. Competition Identification Number:**

Title:

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

MORONGO VALLEY, SAN BERNARDINO, CA

Add Attachments

Delete Attachments

View Attachments

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

PURCHASE OF MANDATED FIRE EQUIPMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**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:
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5a. Federal Entity Identifier: LHM - 3-06-0120-	* 5b. Federal Award Identifier: N/A
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**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Lincoln
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* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000356	*c. Organizational DUNS: 004949160
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**d. Address:**

* Street1: 600 6th Street Street 2: * City: Lincoln County: Placer * State: California Province: Country: USA	*Zip/ Postal Code: 95648
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**JAN 04 2016  
STATE CLEARING HOUSE**

**e. Organizational Unit:**

Department Name: Department of Public Services	Division Name: Lincoln Regional Airport
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**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Ms. Middle Name: * Last Name: Hanson Suffix: Title: Airport Manager - Public Services Director	First Name: Jennifer
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Organizational Affiliation: City of Lincoln, Department of Public Services, Lincoln Regional Airport
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* Telephone Number: (916) 434-3248	Fax Number: (916) 543-8516
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* Email: Jennifer.Hanson@lincolncal.gov
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**Application for Federal Assistance SF-424**

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

C. City or Township 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

City of Lincoln, Placer County, California

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

Lincoln Regional Airport, Lincoln, Placer County, California - Design Perimeter Fencing Gates

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**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: 01/01/2016

\*b. End Date: 12/31/2016

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

*a. Federal	29,700.00
*b. Applicant	1,815.00
*c. State	1,485.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	33,000.00

**\*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 12/17/2015
- 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 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: Jennifer

Middle Name:

\*Last Name: Hanson

Suffix:

\*Title: Airport Manager - Public Services Director

\*Telephone Number: (916) 434-3248

Fax Number:

\* Email: Jennifer.Hanson@lincolncal.gov

\*Signature of Authorized Representative:

\*Date Signed:



12/23/2015

**Application for Federal Assistance SF-424**

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

* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier: 081 - 3-06-0264	* 5b. Federal Award Identifier:
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**RECEIVED**  
JAN 04 2016  
STATE CLEARINGHOUSE

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Modoc	* c. Organizational DUNS: 0761186780000
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000522	

* d. Address:	
* Street1: 202 W. 4th Street	
Street 2:	
* City: Alturas	
County: Modoc	
* State: California	
Province:	
Country: USA	* Zip/ Postal Code: 96101

**e. Organizational Unit:**

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

Prefix: Mr.	First Name: Mitch
Middle Name:	
* Last Name: Crosby	
Suffix:	
Title: Road Commissioner	

Organizational Affiliation: Modoc County Road Department - Airports
--

* Telephone Number: (530) 233-6412	Fax Number: 530 233 - 3132
* Email: mitchcrosby@co.modoc.ca.us	

**Application for Federal Assistance SF-424**

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

B. County 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

Tulelake, Modoc County, California

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

Tulelake Municipal Airport, Tulelake, Modoc County, California - Design Construct- Rehabilitate Runway - Saw and Seal Joints Runway  
11-29 - 19,000 ln. ft.

**Attach supporting documents as specified in agency instructions.**

OMB Number: 4040-0004  
Expiration Date: 08/31/2016

**Application for Federal Assistance SF-424**

**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: 01/01/2016

\*b. End Date: 12/31/2016

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

*a. Federal	178,020.00
*b. Applicant	10,879.00
*c. State	8,901.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	197,800.00

**\*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 12/17/2015.
- 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 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: Mr.

\*First Name: Mitch

Middle Name:

\*Last Name: Crosby

Suffix:

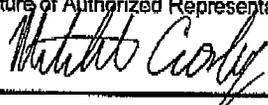
\*Title: Road Commissioner, Modoc County

\*Telephone Number: (530) 233-6412

Fax Number:

\* Email: mitchcrosby@co.modoc.ca.us

\*Signature of Authorized Representative:



\*Date Signed:

12/22/15

**Application for Federal Assistance SF-424**

* 1. Type of Submission <input checked="" type="checkbox"/> Preapplication <input 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: DVO
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5a. Federal Entity Identifier: 3-06-0167-	* 5b. Federal Award Identifier: 3-06-0167-
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**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Marin, Gness Field Airport
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* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000519	* c. Organizational DUNS: 1455660681
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<b>d. Address:</b> * Street1: 3501 Civic Center Dr., Suite 304 Street 2: * City: San Rafael County: Marin * State: California Province: Country: USA	* Zip/ Postal Code: 94903
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**RECEIVED**  
JAN 04 2016  
STATE CLEARING HOUSE

**e. Organizational Unit:**

Department Name: Department of Public Works	Division Name: Airports
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**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Mr. Middle Name: * Last Name: Jensen Suffix:	First Name: Dan
Title: Airport Manager	

Organizational Affiliation:
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* Telephone Number: (415) 897-1754	Fax Number: (415) 897-1264
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* Email: djensen@marincounty.org
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**Application for Federal Assistance SF-424**

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

B. County 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

City of Novato, Marin and San Rafael, County of Marin, California

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

Runway 13-31 Pavement Rehabilitation, Design

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-002

\*b. Program/Project: CA-002

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

**17. Proposed Project:**

\*a. Start Date: 05/01/2016

\*b. End Date: 10/01/2016

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

*a. Federal	220,050.00
*b. Applicant	24,450.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	244,500.00

**\*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 12/30/2015
- 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 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: Mr. \*First Name: Dan

Middle Name:

\*Last Name: Jensen

Suffix:

\*Title: Airport Manager

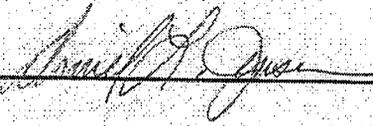
\*Telephone Number: (415) 897-1754

Fax Number:

\*Email: djensen@marincounty.org

\*Signature of Authorized Representative:

\*Date Signed: 12/30/2015



**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:
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RECEIVED

5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier:
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JAN 01 2016

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Town of Mammoth Lakes

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067	*c. Organizational DUNS: 144603339
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**d. Address:**

\* Street1: 1300 Airport Road  
Street 2:  
\* City: Mammoth Lakes  
County: Mono  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 93546

**e. Organizational Unit:**

Department Name: Public Works	Division Name: Airports
----------------------------------	----------------------------

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

Prefix: Mr. First Name: Brian  
Middle Name:  
\* Last Name: Picken  
Suffix:

Title: Airport Manager

**Organizational Affiliation:**

Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

* Telephone Number: (760) 934-3813	Fax Number: (760) 934-3119
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\* Email: bpicken@townofmammothlakes.ca.gov

**Application for Federal Assistance SF-424**

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

C. City or Township 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:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, Mono County, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California - Design-Security/Wildlife Fence

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-025

\*b. Program/Project: CA-025

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

**17. Proposed Project:**

\*a. Start Date: 01/01/2016

\*b. End Date: 12/31/2016

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

*a. Federal	89,753.00
*b. Applicant	9,247.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	99,000.00

**\*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 12/17/2015

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 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: Mr.

\*First Name: Grady

Middle Name:

\*Last Name: Dutton

Suffix:

\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: (760) 934-8989

Fax Number: (760) 934-8608

\* Email: gdutton@townofmammothlakes.ca.gov

\*Signature of Authorized Representative:



\*Date Signed:

12/21/15

**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> - Select One -  <b>* Other (Specify)</b>
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**RECEIVED**

JAN 04 2016

<b>* 3. Date Received:</b>	<b>4. Application Identifier:</b>
<b>5a. Federal Entity Identifier:</b> MMH - 3-06-0146-	<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> Town of Mammoth Lakes	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 77-0043067	<b>*c. Organizational DUNS:</b> 144603339

**d. Address:**

<b>* Street1:</b> 1300 Airport Road <b>Street 2:</b>	<b>*Zip/ Postal Code:</b> 93546
<b>* City:</b> Mammoth Lakes <b>County:</b> Mono <b>* State:</b> California <b>Province:</b> <b>Country:</b> USA	

**e. Organizational Unit:**

<b>Department Name:</b> Public Works	<b>Division Name:</b> Airports
---	-----------------------------------

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

<b>Prefix:</b> Mr. <b>Middle Name:</b>	<b>First Name:</b> Brian
<b>* Last Name:</b> Picken <b>Suffix:</b>	
<b>Title:</b> Airport Manager	

**Organizational Affiliation:**  
Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

<b>* Telephone Number:</b> (760) 934-3813	<b>Fax Number:</b> (760) 934-3119
<b>* Email:</b> bpicken@townofmammothlakes.ca.gov	

**Application for Federal Assistance SF-424**

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

C. City or Township 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:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, Mono County, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California - Disparity Study - DBE Program

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-025

\*b. Program/Project: CA-025

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

**17. Proposed Project:**

\*a. Start Date: 01/01/2016

\*b. End Date: 12/31/2016

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

*a. Federal	45,330.00
*b. Applicant	4,670.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	50,000.00

**\*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 12/17/2015
- 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 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: Mr.      \*First Name: Grady

Middle Name:

\*Last Name: Dutton

Suffix:

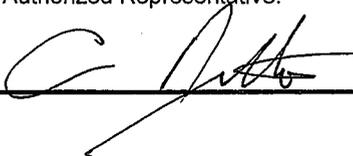
\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: (760) 934-8989

Fax Number: (760) 934-8608

\* Email: [gutton@townofmammothlakes.ca.gov](mailto:gutton@townofmammothlakes.ca.gov)

\*Signature of Authorized Representative:



\*Date Signed:

12/21/15

**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:	<b>RECEIVED</b>
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5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier: <b>JAN 04 2016</b>
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<b>State Use Only:</b>	<b>STATE CLEARING HOUSE</b>
------------------------	-----------------------------

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: Town of Mammoth Lakes	* c. Organizational DUNS: 144603339
--	--

**d. Address:**

* Street1: 1300 Airport Road Street 2: * City: Mammoth Lakes County: Mono * State: California Province: Country: USA	* Zip/ Postal Code: 93546
--	---------------------------

**e. Organizational Unit:**

Department Name: Public Works	Division Name: Airports
----------------------------------	----------------------------

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

Prefix: Mr. Middle Name: * Last Name: Picken Suffix:	First Name: Brian
---	-------------------

Title: Airport Manager
------------------------

**Organizational Affiliation:**

Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport
---

* Telephone Number: (760) 934-3813	Fax Number: (760) 934-3119
------------------------------------	----------------------------

* Email: bpicken@townofmammothlakes.ca.gov
--

**Application for Federal Assistance SF-424**

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

C. City or Township 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:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, Mono County, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California - Environmental Document - Terminal Facilities: Building, Apron, Access Road, Automobile Parking Lot, Utilities

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-025

\*b. Program/Project: CA-025

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

**17. Proposed Project:**

\*a. Start Date: 01/01/2016

\*b. End Date: 12/31/2016

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

*a. Federal	516,762.00
*b. Applicant	53,238.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	570,000.00

**\*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 12/17/2015

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 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: Mr.

\*First Name: Grady

Middle Name:

\*Last Name: Dutton

Suffix:

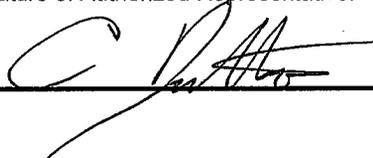
\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: (760) 934-8989

Fax Number: (760) 934-8608

\* Email: gdutton@townofmammothlakes.ca.gov

\*Signature of Authorized Representative:



\*Date Signed:

12/21/15

**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)
---	---	---

**RECEIVED**

* 3. Date Received:	4. Application Identifier:
---------------------	----------------------------

5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier: JAN 04 2016 STATE CLEARING HOUSE
--	--

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: Town of Mammoth Lakes	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067	*c. Organizational DUNS: 144603339

<b>d. Address:</b>	
* Street1: 1300 Airport Road Street 2: * City: Mammoth Lakes County: Mono * State: California Province: Country: USA	*Zip/ Postal Code: 93546

<b>e. Organizational Unit:</b>	
Department Name: Public Works	Division Name: Airports

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: Mr. Middle Name: * Last Name: Picken Suffix:	First Name: Brian
Title: Airport Manager	

Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport
--

* Telephone Number: (760) 934-3813	Fax Number: (760) 934-3119
* Email: bpicken@townofmammothlakes.ca.gov	

**Application for Federal Assistance SF-424**

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

C. City or Township 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:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, Mono County, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California - Terminal Design - Preliminary Architectural/Engineering Design for Environmental Scoping Purposes. Including Terminal Ramp Design as it relates to Terminal Building.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-025

\*b. Program/Project: CA-025

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

**17. Proposed Project:**

\*a. Start Date: 01/01/2016

\*b. End Date: 12/31/2016

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

*a. Federal	362,640.00
*b. Applicant	37,360.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	400,000.00

**\*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 12/17/2015
- 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 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: Mr.

\*First Name: Grady

Middle Name:

\*Last Name: Dutton

Suffix:

\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: (760) 934-8989

Fax Number: (760) 934-8608

\* Email: gdutton@townofmammothlakes.ca.gov

\*Signature of Authorized Representative:



\*Date Signed:

12/21/15

OMB Number: 4040-0004  
 Expiration Date: 08/31/2016

**Application for Federal Assistance SF-424**

* 1. Type of Submission <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): - Select One - * Other (Specify)	
* 3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier: 201 - 3-06-0191-			* 5b. Federal Award Identifier: N/A		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: County of Plumas					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528			* c. Organizational DUNS: 010997419		
* d. Address:					
* Street1: 198 Andy's Way					
* Street 2:					
* City: Quincy					
* County: Plumas					
* State: California					
* Province:					
* Country: USA					
* Zip/ Postal Code: 95971					
<b>e. Organizational Unit:</b>					
Department Name: Department of Facility Services			Division Name: Facilities - Airports		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Mr.		First Name: Dony			
Middle Name:					
* Last Name: Sawchuk					
Suffix:					
* Title: Director, Facilities and Airports					
Organizational Affiliation: County of Plumas, Department of Facility Services - Airports					
* Telephone Number: (530) 283-6070					
* Fax Number: (530) 283-6103					
* Email: DonySawchuk@countyofplumas.com					

RECEIVED  
 JUL 04 2016  
 STATE CLEARINGHOUSE

OMB Number: 4040-0004  
Expiration Date: 08/31/2016

**Application for Federal Assistance SF-424**

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

B. County 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

Quincy, Plumas County, California

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

Gansner Field, Quincy, Plumas County, California - Reconstruct Runway 7-25, and Cross Taxiways A1, A2, A3, and A4- 70'x4,105' and 30' x 400'-Construction, Update Airfield Lighting-Construction

**Attach supporting documents as specified in agency instructions.**

OMB Number: 4040-0004  
 Expiration Date: 08/31/2016

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-004	*b. Program/Project: CA-004
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 01/01/2016	*b. End Date: 12/31/2016
<b>18. Estimated Funding (\$):</b>	
*a. Federal	1,748,700.00
*b. Applicant	106,865.00
*c. State	87,435.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	1,943,000.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>12/17/2015</u>	
<input checked="" 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	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input checked="" 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.	
<b>Authorized Representative:</b>	
Prefix: Mr.	*First Name: Dony
Middle Name:	
*Last Name: Sawchuk	
Suffix:	
*Title: Director of Facilities and Airports	
*Telephone Number: (530) 283-6070	Fax Number: (530) 283-6103
* Email: DonySawchuk@countyofplumas.com	
*Signature of Authorized Representative:	*Date Signed:
	12/24/2015

OMB Number: 4040-0004  
Expiration Date: 08/31/2016

**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		- Select One -	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier: 005-3-06-0040-			* 5b. Federal Award Identifier: N/A		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: County of Plumas					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528			*c. Organizational DUNS: 010997419		
* d. Address:					
* Street1: 198 Andy's Way					
* Street 2:					
* City: Quincy					
County: Plumas					
* State: California					
Province:					
Country: USA					
*Zip/ Postal Code: 95971					
<b>e. Organizational Unit:</b>					
Department Name: Department of Facility Services			Division Name: Facilities - Airports		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Mr.		First Name: Dony			
Middle Name:					
* Last Name: Sawchuk					
Suffix:					
Title: Director, Facilities and Airports					
Organizational Affiliation: County of Plumas, Department of Facility Services - Airports					
* Telephone Number: (530) 283-8070					
Fax Number: (530) 283-6103					
* Email: DonySawchuk@countyofplumas.com					

**RECEIVED**  
JUL 04 2016  
STATE CLEARING HOUSE

OMB Number: 4040-0004  
Expiration Date: 08/31/2016

**Application for Federal Assistance SF-424**

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

B. County 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

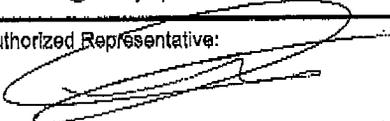
Chester, Plumas County, California

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

Rogers Field, Chester, Plumas County, California - Equipment- New Snow Plow Truck

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004  
 Expiration Date: 08/31/2016

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-004	*b. Program/Project: CA-004
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 01/01/2016	*b. End Date: 12/31/2016
<b>18. Estimated Funding (\$):</b>	
*a. Federal	211,500.00
*b. Applicant	12,925.00
*c. State	10,575.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	235,000.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>12/31/2015</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	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input checked="" type="checkbox"/> Yes <input 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.	
<b>Authorized Representative:</b>	
Prefix: Mr.	*First Name: Dony
Middle Name:	
*Last Name: Sawchuk	
Suffix:	
*Title: Director of Facilities and Airports	
*Telephone Number: (530) 283-8070	Fax Number: (530) 283-6103
*Email: DonySawchuk@countyofplumas.com	
*Signature of Authorized Representative:	*Date Signed:
	12/24/2015

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

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____		
<b>* 3. Date Received:</b> _____		<b>4. Applicant Identifier:</b> Habitat for Humanity Lake Coun
<b>5a. Federal Entity Identifier:</b> _____		<b>5b. Federal Award Identifier:</b> _____
<b>RECEIVED</b> JAN 05 2016		
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____
<b>STATE CLEARINGHOUSE</b>		
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Habitat for Humanity Lake County CA Inc.		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0459756		<b>* c. Organizational DUNS:</b> 0783929030000
<b>d. Address:</b>		
<b>* Street1:</b>	PO Box 1830	
<b>Street2:</b>	_____	
<b>* City:</b>	Lower Lake	
<b>County/Parish:</b>	_____	
<b>* State:</b>	CA: California	
<b>Province:</b>	_____	
<b>* Country:</b>	USA: UNITED STATES	
<b>* Zip / Postal Code:</b>	95457-1830	
<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> Mr.	<b>* First Name:</b> Richard	
<b>Middle Name:</b>	_____	
<b>* Last Name:</b>	Birk	
<b>Suffix:</b>	_____	
<b>Title:</b>	_____	
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 707-994-1100	<b>Fax Number:</b> 707-994-1450	
<b>* Email:</b> main@lakehabitat.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:**

USDA Rural Development

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

10.433

CFDA Title:

Housing Preservation Grant

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

USDA-RD-HCFP-HPG-2016

\* Title:

Housing Preservation Grant

**13. Competition Identification Number:**

Habitat for Humanity Lake County CA In.

Title:

Home Repair and Rehabilitation Project 2016

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

Add Attachment

Delete Attachment

View Attachment

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

Home Repair and Rehabilitation Project 2016

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant <input type="text" value="CA. 5&amp;3"/>	* b. Program/Project <input type="text" value="CA. 5&amp;3"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="10/01/2016"/>	* b. End Date: <input type="text" value="09/30/2017"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input type="text" value="125,000.00"/>
* b. Applicant	<input type="text" value="33,000.00"/>
* 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="158,000.00"/>
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="01/05/2016"/>	
<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.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>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)</b>	
<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.	
<b>Authorized Representative:</b>	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Richard"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Birk"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="President"/>	
* Telephone Number: <input type="text" value="7079941100"/>	Fax Number: <input type="text" value="7079941450"/>
* Email: <input type="text" value="main@lakehabitat.org"/>	
* Signature of Authorized Representative: <input type="text" value="Tammy Brigham"/>	* Date Signed: <input type="text" value="01/05/2016"/>

**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) <b>RECEIVED</b>
---	---	---

* 3. Date Received: 12/30/2015	4. Application Identifier: TCAPRONREHAB	JAN 05 2016
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: <b>STATE CLEARING HOUSE</b>
--------------------------------	---

**State Use Only:**

6. Date Received by State: 12/30/2015	7. State Application Identifier:
---------------------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

\* a. Legal Name: County of Trinity California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000054	*c. Organizational DUNS: 883965394
---	---------------------------------------

**d. Address:**

\* Street1: PO Box 2490  
Street 2:  
\* City: Weaverville, CA  
County: Trinity  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 96093

**e. Organizational Unit:**

Department Name: Department of Transportation	Division Name: Airports
--	----------------------------

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

Prefix: Mr First Name: Richard  
Middle Name: Carl  
\* Last Name: Tippett  
Suffix:

Title: Director of Transportation

**Organizational Affiliation:**

Trinity County Department of Transportation

* Telephone Number: (530) 623-1365	Fax Number: (530) 623-5312
------------------------------------	----------------------------

\* Email: [rtippett@trinitycounty.org](mailto:rtippett@trinitycounty.org)

**Application for Federal Assistance SF-424**

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

B. County 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:

Title: Design of Airport Apron Rehabilitation

13. Competition Identification Number:

Title:

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

The unincorporated community of Trinity Center, California

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

Prepare the evaluate existing pavement conditions, design plans and specifications to rehabilitate the airport apron area as identified by current conditions and as recommended in the 2013 Pavement Management Plan.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: 2

\*b. Program/Project: 2

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

**17. Proposed Project:**

\*a. Start Date: 06/01/2016

\*b. End Date: 09/30/2017

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

*a. Federal	100,000.00
*b. Applicant	5,500.00
*c. State	4,500.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	110,000.00

**\*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 12/30/2015
- 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 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: Mr.

\*First Name: Richard

Middle Name: Carl

\*Last Name: Tippet

Suffix:

\*Title: Director of Transportation

\*Telephone Number: (530) 623-1365

Fax Number: (530) 623-5129

\* Email: rtippet@trinitycounty.org

\*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:

na

5a. Federal Entity Identifier:

na

5b. Federal Award Identifier:

na

State Use Only:

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

Self-Help Home Improvement Project

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

95-2990678

\* c. Organizational DUNS:

088852603

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JAN 03 2016  
STATE CLEARINGHOUSE

d. Address:

\* Street1:

3777 Meadowview Dr., #100

Street2:

\* City:

Redding

County/Parish:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

96002

e. Organizational Unit:

Department Name:

Self-Help Home Improvement Pro

Division Name:

na

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

Prefix:

\* First Name:

Keith

Middle Name:

\* Last Name:

Griffith

Suffix:

Title: Executive Director

Organizational Affiliation:

\* Telephone Number:

530-378-6904

Fax Number:

530-378-6910

\* Email:

kgrif@shhip.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:**

Rural Housing Service

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

10-433

CFDA Title:

Housing Preservation Grant

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

10-433

\* Title:

Housing Preservation Grant

**13. Competition Identification Number:**

na

Title:

na

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

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

Scattered site housing preservation repair and rehabilitation assistance to 25 very low-income owner occupied housing units in Shasta and Tehama counties, California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant: 2nd

\* b. Program/Project: 2nd

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

17. Proposed Project:

\* a. Start Date: 5/1/16

\* b. End Date: 4/30/18

18. Estimated Funding (\$):

* a. Federal	\$100,000.00
* b. Applicant	0
* c. State	\$250,000.00
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	\$350,000.00

\* 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 1/4/16
- 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.

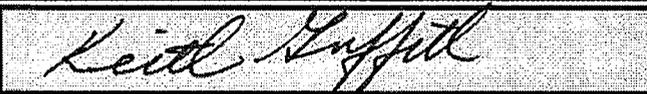
Authorized Representative:

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

\* Title: Executive Director

\* Telephone Number: 530-378-6904 Fax Number: 530-378-6910

\* Email: kgrif@shhip.org

\* Signature of Authorized Representative: 

\* Date Signed: 1/4/16

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____		
<b>* 3. Date Received:</b> _____		<b>4. Applicant Identifier:</b> Dept. of Food and Agriculture
<b>5a. Federal Entity Identifier:</b> 16-8506-0651-CA		<b>5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> 12/23/2015		<b>7. State Application Identifier:</b> 15-0529-FR
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> State of California		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104		<b>* c. Organizational DUNS:</b> 8074876650000
<b>d. Address:</b>		
<b>* Street1:</b> 1220 N Street, Room 315		
<b>Street2:</b> _____		
<b>* City:</b> Sacramento		
<b>County/Parish:</b> _____		
<b>* State:</b> CA: California		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 95814		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Food and Agriculture		<b>Division Name:</b> Plant Health/Pest Prev Svcs
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> _____	<b>* First Name:</b> Jason	
<b>Middle Name:</b> _____		
<b>* Last Name:</b> Chan		
<b>Suffix:</b> _____		
<b>Title:</b> _____		
<b>Organizational Affiliation:</b> California Department of Food and Agriculture		
<b>* Telephone Number:</b> (916) 654-1211		<b>Fax Number:</b> (916) 654-0555
<b>* Email:</b> jason.chan@cdfa.ca.gov		

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JAN 08 2016  
STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

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

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

NA

\* Title:

NA

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Infrastructure Project and State Survey Coordinator

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="27,245.00"/>
* 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="27,245.00"/>

**\* 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:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

16-8506-0934-GR

5b. Federal Award Identifier:

\_\_\_\_\_

**RECEIVED**

State Use Only:

6. Date Received by State: 12/31/2015

7. State Application Identifier: 15-0530-FR

**JAN 06 2016**

8. APPLICANT INFORMATION:

\* a. Legal Name: State of California

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

68-0325104

\* c. Organizational DUNS:

8074876650000

**STATE CLEARING HOUSE**

d. Address:

\* Street1: 1220 N Street, Room 315

Street2: \_\_\_\_\_

\* City: Sacramento

County/Parish: \_\_\_\_\_

\* State: CA: California

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

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health/Pest Prev Svcs

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

Prefix: \_\_\_\_\_ \* First Name: Jason

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

\* Last Name: Chan

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

Title: \_\_\_\_\_

Organizational Affiliation:

California Department of Food and Agriculture

\* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

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

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

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

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

NA

\* Title:

NA

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Exotic Fruit Fly

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="2,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="2,000,000.00"/>
* 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="4,000,000.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> Dept. of Food and Agriculture
-------------------------------------	--

<b>5a. Federal Entity Identifier:</b> 16-8506-1317-cA	<b>5b. Federal Award Identifier:</b> _____
--	---

**State Use Only:**

<b>6. Date Received by State:</b> 12/10/2015	<b>7. State Application Identifier:</b> 15-0531-FR
--	--

**RECEIVED**

**8. APPLICANT INFORMATION:**

JAN 03 2016

<b>* a. Legal Name:</b> State of California	<b>STATE CLEARINGHOUSE</b>
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104	
<b>* c. Organizational DUNS:</b> 8074876650000	

**d. Address:**

<b>* Street1:</b> 1220 N Street, Room 315
<b>Street2:</b> _____
<b>* City:</b> Sacramento
<b>County/Parish:</b> _____
<b>* State:</b> CA: California
<b>Province:</b> _____
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 95814

**e. Organizational Unit:**

<b>Department Name:</b> Food and Agriculture	<b>Division Name:</b> Plant Health/Pest Prev Svcs
---	--

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

<b>Prefix:</b> _____	<b>* First Name:</b> Jason
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Chan	
<b>Suffix:</b> _____	
<b>Title:</b> _____	

**Organizational Affiliation:**  
California Department of Food and Agriculture

<b>* Telephone Number:</b> (916) 654-1211	<b>Fax Number:</b> (916) 654-0555
<b>* Email:</b> jason.chan@cdfa.ca.gov	

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

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

10-025

CFDA Title:  
Plant and Animal Disease, Pest Control, and Animal Care

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

NA

\* Title:  
NA

**13. Competition Identification Number:**

Title:

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

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

European Grapevine Moth

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.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="1,249,191.00"/>
* 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="1,249,191.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____		
<b>* 3. Date Received:</b> _____		<b>4. Applicant Identifier:</b> Dept. of Food and Agriculture
<b>5a. Federal Entity Identifier:</b> 16-8506-1636-CA		<b>5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> 12/30/2015		<b>7. State Application Identifier:</b> 15-0528-FR
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> State of California		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104		<b>* c. Organizational DUNS:</b> 8074876650000
<b>d. Address:</b>		
<b>* Street1:</b> 1220 N Street, Room 315		
<b>Street2:</b> _____		
<b>* City:</b> Sacramento		
<b>County/Parish:</b> _____		
<b>* State:</b> CA: California		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 95814		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Food and Agriculture		<b>Division Name:</b> Plant Health/Pest Prev Svcs
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> _____		<b>* First Name:</b> Jason
<b>Middle Name:</b> _____		
<b>* Last Name:</b> Chan		
<b>Suffix:</b> _____		
<b>Title:</b> _____		
<b>Organizational Affiliation:</b> California Department of Food and Agriculture		
<b>* Telephone Number:</b> (916) 654-1211		<b>Fax Number:</b> (916) 654-0555
<b>* Email:</b> jason.chan@cdfa.ca.gov		

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JAN 06 2016

STATE CLEARINGHOUSE

RECEIVED

JAN 0 2016

STATE CLEARINGHOUSE

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:  
[Empty field]

Type of Applicant 3: Select Applicant Type:  
[Empty field]

\* Other (specify):  
[Empty field]

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

USDA/APHIS/PPQ

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

10-025

CFDA Title:  
Plant and Animal Disease, Pest Control, and Animal Care

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

NA

\* Title:  
NA

**13. Competition Identification Number:**

[Empty field]

Title:  
[Empty field]

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

[Empty field]

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

Integrated Control of the Olive Fly

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="21,106.00"/>
* 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="21,106.00"/>

**\* 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:**

Dept. of Food and Agriculture

**RECEIVED**

**5a. Federal Entity Identifier:**

16-8506-1924-CA

**5b. Federal Award Identifier:**

**JAN 08 2016**

**STATE CLEARINGHOUSE**

**State Use Only:**

6. Date Received by State: 12/30/2015

7. State Application Identifier: 14-0596-FR

**8. APPLICANT INFORMATION:**

\* a. Legal Name: State of California

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

68-0325104

\* c. Organizational DUNS:

8074876650000

**d. Address:**

\* Street1: 1220 N Street, Room 315

Street2:

\* City: Sacramento

County/Parish:

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95814

**e. Organizational Unit:**

Department Name:

Food and Agriculture

Division Name:

Plant Health/Pest Prev Svcs

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

Prefix:  \* First Name: Jason

Middle Name:

\* Last Name: Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

\* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

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

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

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

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

NA

\* Title:

NA

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Oriental Fruit Fly Eradication Project Inglewood

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="820,137.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="820,137.00"/>
* 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="1,640,274.00"/>

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

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

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

- Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

* 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 08 2016

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

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

**STATE CLEARINGHOUSE**

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: Rancho California Water District	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2415751	* c. Organizational DUNS: 0538362350000

**d. Address:**

* Street1: 42135 Winchester Rd.
Street2: _____
* City: Temecula
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92590-4800

**e. Organizational Unit:**

Department Name: Water Use Efficiency	Division Name: Administration
---------------------------------------	-------------------------------

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

Prefix: Mr.	* First Name: Justin
Middle Name: _____	
* Last Name: Haessly	
Suffix: _____	

Title: Sr. Water Resources Planner
------------------------------------

Organizational Affiliation: Rancho California Water District
--

* Telephone Number: 951-296-6942	Fax Number: _____
----------------------------------	-------------------

* Email: haesslyj@ranchowater.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:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Bureau of Reclamation

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

15.530

CFDA Title:

Water Conservation Field Services Program (WCFSP)

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

BOR-LC-16-001

\* Title:

Lower Colorado Region - All Areas - for Water Conservation Field Services Program (WCFSP) Grants for Fiscal Year (FY) 2016

**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:**

Integrating Innovative Technologies for Enhanced Outdoor Water Use Efficiency Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-049

\* b. Program/Project CA-049

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2016

\* b. End Date: 07/01/2018

18. Estimated Funding (\$):

* a. Federal	79,204.70
* b. Applicant	94,100.86
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	173,305.56

\* 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 01/08/2016

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Mr. \* First Name: Jeff

Middle Name:

\* Last Name: Armstrong

Suffix:

\* Title: General Manager

\* Telephone Number: 951-296-6900 Fax Number:

\* Email: armstrongj@ranchowater.com

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

**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 type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> - Select One -  * Other (Specify)
<b>* 3. Date Received:</b>		<b>4. Application Identifier:</b>		<b>RECEIVED</b>  JAN 11 2016  <b>STATE CLEARING HOUSE</b>

<b>5a. Federal Entity Identifier:</b>	<b>* 5b. Federal Award Identifier:</b> AIP Project #: 3-06-0274-09 & -010
---------------------------------------	--

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> County of Siskiyou	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000537	<b>*c. Organizational DUNS:</b> 078839100

**d. Address:**

<b>* Street1:</b> 190 Greenhorn Road <b>Street 2:</b>	
<b>* City:</b> Yreka	
<b>County:</b> Siskiyou	
<b>* State:</b> CA	
<b>Province:</b>	
<b>Country:</b> USA	<b>*Zip/ Postal Code:</b> 96097

**e. Organizational Unit:**

<b>Department Name:</b> General Services Department	<b>Division Name:</b> Airports
--	-----------------------------------

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

<b>Prefix:</b> Mr.	<b>First Name:</b> Randy
<b>Middle Name:</b> W	
<b>* Last Name:</b> Akana	
<b>Suffix:</b>	
<b>Title:</b> Director of General Services	
<b>Organizational Affiliation:</b>  County of Siskiyou	
<b>* Telephone Number:</b> (530) 842-8259	<b>Fax Number:</b> (530) 841-2800
<b>* Email:</b> rakana@co.siskiyou.ca.us	

**Application for Federal Assistance SF-424**

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

B. County 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:

Title:

13. Competition Identification Number:

Title:

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

City of Weed, County of Siskiyou, State of California

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

Reconstruction of Runway, Taxiways and Apron pavements at Weed Airport.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: 2nd

\*b. Program/Project: 2nd

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

**17. Proposed Project:**

\*a. Start Date: 04/01/2016

\*b. End Date: 08/25/2016

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

*a. Federal	<u>2,700,000.00</u>
*b. Applicant	<u>165,000.00</u>
*c. State	<u>135,000.00</u>
*d. Local	<u>                    </u>
*e. Other	<u>                    </u>
*f. Program Income	<u>                    </u>
*g. TOTAL	<u>3,000,000.00</u>

**\*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 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: Mr

\*First Name: Terry

Middle Name:

\*Last Name: Barber

Suffix:

\*Title: County Administrative Officer

\*Telephone Number: (530) 842-8005

Fax Number: (530) 842-0148

\* Email: tbarber@co.siskiyou.ca.us

\*Signature of Authorized Representative:

*Terry Barber*

\*Date Signed:

*4/28/15*

**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:

na

**RECEIVED**

5a. Federal Entity Identifier:

na

5b. Federal Award Identifier:

**JAN 11 2016**

na

State Use Only:

**STATE CLEARING HOUSE**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

Self-Help Home Improvement Project

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

95-2990678

\* c. Organizational DUNS:

088852603

**d. Address:**

\* Street1:

3777 Meadowview Dr., #100

Street2:

\* City:

Redding

County/Parish:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

96002

**e. Organizational Unit:**

Department Name:

Self-Help Home Improvement Pro

Division Name:

na

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

Prefix:

\* First Name:

Keith

Middle Name:

\* Last Name:

Griffith

Suffix:

Title: Executive Director

Organizational Affiliation:

\* Telephone Number:

530-378-6904

Fax Number:

530-378-6910

\* Email:

kgrif@shhip.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:**

Rural Housing Service

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

10-433

CFDA Title:

Housing Preservation Grant

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

10-433

\* Title:

Housing Preservation Grant

**13. Competition Identification Number:**

na

Title:

na

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

Add Attachment

Delete Attachment

View Attachment

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

Scattered site housing preservation repair and rehabilitation assistance to 25 very low-income owner occupied housing units in Shasta and Tehama counties, California.

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="\$100,000.00"/>
* b. Applicant	<input type="text" value="0"/>
* c. State	<input type="text" value="\$250,000.00"/>
* d. Local	<input type="text" value="0"/>
* e. Other	<input type="text" value="0"/>
* f. Program Income	<input type="text" value="0"/>
* g. TOTAL	<input type="text" value="\$350,000.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**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):  
\_\_\_\_\_

**RECEIVED**

**JAN 12 2016**

\* 3. Date Received:

\_\_\_\_\_

4. Applicant Identifier:

Dept. of Food and Agriculture

**STATE CLEARINGHOUSE**

5a. Federal Entity Identifier:

16-8506-0651-CA

5b. Federal Award Identifier:

\_\_\_\_\_

**State Use Only:**

6. Date Received by State: 12/23/2015

7. State Application Identifier: 15-0529-FR

**8. APPLICANT INFORMATION:**

\* a. Legal Name: State of California

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

68-0325104

\* c. Organizational DUNS:

8074876650000

**d. Address:**

\* Street1: 1220 N Street, Room 315

Street2: \_\_\_\_\_

\* City: Sacramento

County/Parish: \_\_\_\_\_

\* State: CA: California

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

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95814

**e. Organizational Unit:**

Department Name:

Food and Agriculture

Division Name:

Plant Health/Pest Prev Svcs

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

Prefix: \_\_\_\_\_ \* First Name: Jason

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

\* Last Name: Chan

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

Title: \_\_\_\_\_

Organizational Affiliation:

California Department of Food and Agriculture

\* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

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

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:  
[Empty field]

Type of Applicant 3: Select Applicant Type:  
[Empty field]

\* Other (specify):  
[Empty field]

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

USDA/APHIS/PPQ

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

10-025

CFDA Title:  
Plant and Animal Disease, Pest Control, and Animal Care

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

NA

\* Title:  
NA

**13. Competition Identification Number:**

[Empty field]

Title:  
[Empty field]

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

[Empty field]

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

Infrastructure Project and State Survey Coordinator

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="27,245.00"/>
* 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="27,245.00"/>

**\* 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):  
\_\_\_\_\_

**RECEIVED**

**JAN 12 2016**

\* 3. Date Received:

\_\_\_\_\_

4. Applicant Identifier:

Dept. of Food and Agriculture

**STATE CLEARINGHOUSE**

5a. Federal Entity Identifier:

16-8506-0934-GR

5b. Federal Award Identifier:

\_\_\_\_\_

**State Use Only:**

6. Date Received by State: 12/31/2015

7. State Application Identifier: 15-0530-FR

**8. APPLICANT INFORMATION:**

\* a. Legal Name: State of California

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

68-0325104

\* c. Organizational DUNS:

8074876650000

**d. Address:**

\* Street1: 1220 N Street, Room 315

Street2: \_\_\_\_\_

\* City: Sacramento

County/Parish: \_\_\_\_\_

\* State: CA: California

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

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95814

**e. Organizational Unit:**

Department Name:

Food and Agriculture

Division Name:

Plant Health/Pest Prev Svcs

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

Prefix: \_\_\_\_\_ \* First Name: Jason

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

\* Last Name: Chan

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

Title: \_\_\_\_\_

Organizational Affiliation:

California Department of Food and Agriculture

\* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

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

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

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

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

NA

\* Title:

NA

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Exotic Fruit Fly

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="2,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="2,000,000.00"/>
* 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="4,000,000.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**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):

\_\_\_\_\_

**RECEIVED**

\* 3. Date Received:

\_\_\_\_\_

4. Applicant Identifier:

\_\_\_\_\_

**JAN 13 2016**

5a. Federal Entity Identifier:

\_\_\_\_\_

5b. Federal Award Identifier:

G11AP20121

**STATE CLEARINGHOUSE**

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):

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:**

G16AS00017

\* Title:

STATE WATER RESOURCES RESEARCH INSTITUTE PROGRAM  
FISCAL YEAR 2016 REQUEST FOR APPLICATIONS

**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:**

State Water Resources Research Institute Program, Fiscal Year 2016

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="191,096.00"/>
* 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="283,431.00"/>

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

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- 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:

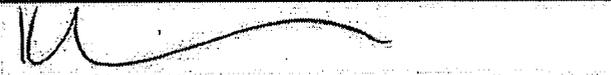
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed: