Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16 - 31, 2012.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424 Version 02

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

RECEIVED
JAN 17 2012
STATE CLEARING HOUSE

3. Date Received: 4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Eastern Municipal Water District

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6004429

*c. Organizational DUNS: 047789870

d. Address:

*Street 1: 2270 Trumble Road
Street 2:
*City: Perris
County: Riverside
*State: California
Province:
*Country: USA
*Zip / Postal Code 92572

e. Organizational Unit:

Department Name: Engineering

Division Name:

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

Prefix: Mr. *First Name: Hossein
Middle Name:
*Last Name: Juybari
Suffix:

Title: Senior Civil Engineer

Organizational Affiliation: Eastern Municipal Water District

*Telephone Number: (951) 928-3777 (Ext. 4458) Fax Number: (951) 928-6146

*Email: juybarih@emwd.org

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Department of the Interior, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
15.504

CFDA Title:
Water Reclamation and Reuse Program

***12 Funding Opportunity Number:**
R12SF80050

*Title:
WaterSMART: Title XVI Water Reclamation and Reuse Program Construction Activities for Fiscal Year 2012

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Menifee and San Jacinto, Riverside County, State of California

***15. Descriptive Title of Applicant's Project:**
Recycled Water System Pressurization Project, Audie Murphy Ranch Pipeline and San Jacinto Reservoir Pond Pump Station

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-41, -44, -45, -49 *b. Program/Project: CA-41 & 49

17. Proposed Project:

*a. Start Date: April 2, 2012 *b. End Date: December 27, 2013

18. Estimated Funding ($):

*a. Federal	$1,182,500
*b. Applicant	$3,547,500
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	$4,730,000

***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 January 17, 2012

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Paul

Middle Name: D.

*Last Name: Jones, P.E.

Suffix: II

*Title: General Manager

*Telephone Number: (951) 928-3777 Fax Number: (951) 928-6177

* Email: jonesp@emwd.org

*Signature of Authorized Representative: Paul D. Jones II *Date Signed: 1.12.12

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission
- ☐ Preapplication
- ☑ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☑ New
- ☐ Continuation
- ☐ Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
JAN 17 2012
STATE CLEARING HOUSE

*3. Date Received:

4. Application 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: City of Corona

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000697

*c. Organizational DUNS: 088513155

d. Address:

*Street1: 400 S. Vicentia Avenue
Street 2:
*City: Corona
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 92882

e. Organizational Unit:

Department Name: Department of Water and Power

Division Name:

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

Prefix: Ms.
First Name: Jennifer
Middle Name:
*Last Name: Francis
Suffix:

Title: Business Supervisor

Organizational Affiliation: City of Corona

*Telephone Number: 951-739-4841

Fax Number:

*Email: jennifer.francis@ci.corona.ca.us

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: 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:
Department of the Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:
15.504

CFDA Title:
WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year (FY) 2012

*12. Funding Opportunity Number: R12SF80050

*Title: WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year (FY) 2012

13. Competition Identification Number: Not Applicable

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
City of Corona, County of Riverside, California

*15. Descriptive Title of Applicant's Project:
City of Corona City Park Reclaimed Waterline

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA-44 *b. Program/Project: CA-44

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

17. Proposed Project:

*a. Start Date: May 2012 *b. End Date: June 2013

18. Estimated Funding ($):

*a. Federal	$283,750.00	*d. Local	
*b. Applicant	$851,250.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	$1,135,000.00

***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 1/17/2012
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Jonathan

Middle Name:

*Last Name: Daly

Suffix:

*Title: General Manager

*Telephone Number: 951-736-2477 Fax Number: 951-735-3786

*Email: jonathan.daly@ci.corona.ca.us

*Signature of Authorized Representative: Date Signed: January 11, 2012

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

Application for Federal Assistance SF-424

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

RECEIVED
JAN 17 2012
STATE CLEARING HOUSE

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

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: Southern California Presbyterian Homes

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-1894293	0699253450000

d. Address:

* Street1: 516 Burchett Street
Street2:
* City: Glendale
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91203-1014

e. Organizational Unit:

Department Name:	Division Name:
Affordable Housing	Corporate Office

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

Prefix:
* First Name: Jacqueline
Middle Name: A.
* Last Name: Seegobin
Suffix:

Title: Director, Affordable Housing

Organizational Affiliation:
nonprofit

* Telephone Number: 818-247-0420
Fax Number: 818-247-3871

* Email: jacqueline.seegobin@thebegroup.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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5564-N-01

* Title:

Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:

SD202-01

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

The development of a Section 202 PRAC 43 unit affordable housing apartment building for low income seniors 62 years of age and older.

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: 29 b. Program/Project: 32

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012 * b. End Date: 01/01/2014

18. Estimated Funding ($):

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

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/12/2012.

[ ] 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 [X] 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)**

[X] ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Jacqueline

Middle Name: A

* Last Name: Seegobin

Suffix:

* Title: Director, Affordable Housing

* Telephone Number: 818-247-0420 Fax Number: 818-247-3871

* Email: jacqueline.seegobin@thebegroup.org

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

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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JAN 17 2012
STATE CLEARING HOUSE

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Presbyterian Homes

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1894293

* c. Organizational DUNS: 0699253450000

d. Address:

* Street1: 516 Burchett Street
Street2:
* City: Glendale
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91203-1014

e. Organizational Unit:

Department Name: Affordable Housing

Division Name: Corporate Office

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

Prefix:
* First Name: Jacqueline
Middle Name: A.
* Last Name: Seegobin
Suffix:

Title:

Organizational Affiliation: nonprofit

* Telephone Number: (818) 247-0420
Fax Number: (818) 247-3871

* Email: jacqueline.seegobin@thebegroup.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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5564-N-01

* Title:

Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:

SD202-01

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

The development of a Section 202 PRAC 68 unit affordable housing apartment building for low income seniors 62 years of age and older.

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: 29 b. Program/Project: 19

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/12/2012 * b. End Date: 01/01/2014

18. Estimated Funding ($):

* a. Federal	9,409,500.00
* b. Applicant	25,000.00
* c. State	0.00
* d. Local	1,050,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	10,484,500.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/13/2012.
- [ ] 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
- [x] 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)**

- [x] ** I AGREE

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Authorized Representative:

Prefix: * First Name: Jacqueline

Middle Name:

* Last Name: Seegobin

Suffix:

* Title: Director, Affordable Housing

* Telephone Number: (818) 247-0420 Fax Number: (818) 247-3871

* Email: jacqueline.seegobin@thebegroup.org

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

ORIGINAL

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

Application for Federal Assistance SF-424

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

RECEIVED
JAN 17 2012
STATE CLEARING HOUSE

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Metropolitan Water District of Southern California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002071

* c. Organizational DUNS: 06-384-2975

d. Address:

* Street1: 700 North Alameda Street
Street2:
* City: Los Angeles
County/Parish:
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90012

e. Organizational Unit:

Department Name: Water Resource Management

Division Name:

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

Prefix:
* First Name: Andrew
Middle Name:
* Last Name: Hui
Suffix:

Title: Regional Supply Unit Manager

Organizational Affiliation:

* Telephone Number: (213) 217-6557
Fax Number: (213) 217-6119

* Email: ahui@mwdh2o.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:

E. Regional Organization

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Interior - Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

WaterSMART: (Sustain and Manage America's Resources for Tomorrow)

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

Title:

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

Ventura, Los Angeles, Orange Riverside, San Bernardino, San Diego counties

Add Attachment | Delete Attachment | View Attachment

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

California Friendly® Turf Replacement Incentive Program Phase 2

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-023 through CA-053
* b. Program/Project: CA-023 through CA-053

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/2012
* b. End Date: 09/2015

18. Estimated Funding ($):

* a. Federal	$1,500,000.00
* b. Applicant	$1,500,000.00
* c. State	$0
* d. Local	$0
* e. Other	$0
* f. Program Income	$0
* g. TOTAL	$3,000,000.00

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 [X] No

If "Yes", provide explanation and attach

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[X] ** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Jeffrey

Middle Name:

* Last Name: Kightlinger

Suffix:

* Title: General Manager

* Telephone Number: (213) 217-6115

Fax Number: (213) 576-5425

* Email: jkightlinger@mwdh2o.com

* Signature of Authorized Representative:

* Date Signed: 1/12/12

ORIGINAL

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

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* Other (Specify):

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STATE CLEARING HOUSE

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: Metropolitan Water District of Southern California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002071

* c. Organizational DUNS: 06-384-2975

d. Address:

* Street1: 700 North Alameda Street

Street2:

* City: Los Angeles

County/Parish:

* State: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90012

e. Organizational Unit:

Department Name: Water Resource Management

Division Name:

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

Prefix:

* First Name: Andrew

Middle Name:

* Last Name: Hul

Suffix:

Title: Regional Supply Unit manager

Organizational Affiliation:

* Telephone Number: 213-217-6557

Fax Number: 213-217-6119

* Email: ahul@mwdh2o.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:

E. Regional Organization

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Interior - Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

WaterSMART: (Sustain and Manage America's Resources for Tomorrow)

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

Title:

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

Ventura, Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties

Add Attachments | Delete Attachments | View Attachments

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

Enhanced Incentives for Water Efficient Ice Machines

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-023 through CA-053 * b. Program/Project CA-023 through CA-053

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/2012 * b. End Date: 09/2015

18. Estimated Funding ($):

* a. Federal	$150,000
* b. Applicant	$150,000
* c. State	$0
* d. Local	$0
* e. Other	$0
* f. Program Income	$0
* g. TOTAL	$300,000

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 1/17/2012.

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[ ] Yes [X] No

If "Yes", provide explanation and attach

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[X] ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Jeffrey

Middle Name:

* Last Name: Kightlinger

Suffix:

* Title: General Manager

* Telephone Number: 213-217-6115 Fax Number: 213-576-5425

* Email: jkightlinger@mwdh2o.com

* Signature of Authorized Representative: * Date Signed: 1/12/12

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 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: Rancho California Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2415751

* c. Organizational DUNS: 053836235

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d. Address:

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

e. Organizational Unit:

Department Name: Planning Department

Division Name:

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

Prefix:
* First Name: Denise
Middle Name:
* Last Name: Landstedt
Suffix:

Title: Water Resources Planner

Organizational Affiliation: Rancho California Water District

* Telephone Number: 951-296-6916
Fax Number: 951-296-6860

* Email: landstedtd@ranchowater.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R12SF80050

* Title:

WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2012

13. Competition Identification Number:

R12SF80050

Title:

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

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

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

Demineralization and Non-Potable Water Conversion Project, Vail Lake Indirect Potable Reuse Conceptual Design Study Component

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-049
* b. Program/Project: CA-049

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

RCWD_Congressional Districts | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2011
* b. End Date: 11/14/2012

18. Estimated Funding ($):

* a. Federal	175,000.00
* b. Applicant	525,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	700,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/17/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Perry
Middle Name:
* Last Name: Louck
Suffix:

* Title: Director of Planning

* Telephone Number: 951-296-6927
Fax Number:

* Email: louckp@ranchowater.com

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 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: El Dorado Irrigation District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036480

* c. Organizational DUNS: 048946420

d. Address:

* Street1: 2890 Mosquito Road
Street2:
* City: Placerville
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95667

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.
* First Name: Cindy
Middle Name:
* Last Name: Megerdigian
Suffix:

Title: Engineering Manager

Organizational Affiliation:

* Telephone Number: 530 642-4056
Fax Number: 530-642-4356

* Email: cmegerdigian@eid.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

R12SF80049

Title:

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

Pollock Pines and Camino, El Dorado County, California

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

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

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-004
* b. Program/Project: CA-004

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2012
* b. End Date: 12/31/2013

18. Estimated Funding ($):

* a. Federal	1,500,000.00
* b. Applicant	3,800,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	5,300,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/18/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: General Manager

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

* Email: jabercrombie@eid.org

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

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

Application for Federal Assistance SF-424

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

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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5a. Federal Entity Identifier:

5b. Federal Award Identifier: G11AC20013

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, Berkeley

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002123

* c. Organizational DUNS: 1247267250000

d. Address:

* Street1: Sponsored Projects Office
Street2: 2150 Shattuck Avenue, Suite 300
* City: Berkeley
County/Parish: Alameda
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94720-5940

e. Organizational Unit:

Department Name: Sponsored Projects Office

Division Name:

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

Prefix:
* First Name: Ruchika
Middle Name:
* Last Name: Dhussa
Suffix:

Title: Research Administrator

Organizational Affiliation:

* Telephone Number: 510-643-0961 Fax Number: 510-642-8236

* Email: rdhussa@berkeley.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:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G12AS00001

* Title:

USGS Non-Competitive Assistance FY 2012 - National Grants Branch

13. Competition Identification Number:

G12AS00001

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Advanced Remote Sensing to Quantify Tempereate Peatland Capacity for Below Ground Carbon Capture

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-009 b. Program/Project: ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2012 * b. End Date: 12/31/2012

18. Estimated Funding ($):

* a. Federal	67,668.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	67,668.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/19/2012.
- [ ] 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
- [x] 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)**

- [x] ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Patricia

Middle Name:

* Last Name: Gates

Suffix:

* Title: Associate Director

* Telephone Number: 510-642-8109 Fax Number: 510-642-8236

* Email: spo_grant_gov@lists.berkeley.edu

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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STATE CLEARING HOUSE

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: City of Brentwood

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000303

* c. Organizational DUNS: 076546357

d. Address:

* Street1: 2201 Elkins Way
Street2:
* City: Brentwood
County: Contra Costa
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94513

e. Organizational Unit:

Department Name: Public Works

Division Name: Water Operations Division

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

Prefix:
* First Name: Diana
Middle Name:
* Last Name: Williford
Suffix:

Title: Water Conservation Specialist

Organizational Affiliation: Public Works

* Telephone Number: 925 516 6045
Fax Number: 925 516 6001

* Email: dwilliford@brentwoodca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

R12SF80049

Title:

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

City of Brentwood, City of Oakley, Town of Knightsen, Bethel Island; Contra Costa County, California

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

Water Waste Reduction and System Optimization Project

Attach supporting documents as specified in agency instructions.

[redacted] [redacted] [redacted]

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-11
* b. Program/Project: CA-11

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

17. Proposed Project:

* a. Start Date: 07/02/2012
* b. End Date: 05/01/2015

18. Estimated Funding ($):

* a. Federal	1,496,351.28
* b. Applicant	996,551.28
* c. State	0.00
* d. Local	0.00
* e. Other	499,800.00
* f. Program Income	0.00
* g. TOTAL	2,992,702.56

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/18/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] 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)**

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Paul
Middle Name:
* Last Name: Eldredge
Suffix:

* Title: City Manager

* Telephone Number: 925 516 5440
Fax Number: 925 516 5441

* Email: peldredge@brentwoodca.gov

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier	
3. DATE RECEIVED BY STATE 01/18/12	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY 01/18/12	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☑ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: FRIENDS OF THE OAKHURST BRANCH LIBRARY

Organizational Unit:
Department:
Division:

Organizational DUNS: 060948408

Address:
Street: PO BOX 1226
City: OAKHURST
County: MADERA
State: CA
Zip Code: 93644
Country:

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: MRS.
First Name: ERICA
Middle Name
Last Name: OSORIO
Suffix:
Email: E.OAS@AOL.COM
Phone Number (give area code): 559-308-9378
Fax Number (give area code): 559-675-7950

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-2773012

7. TYPE OF APPLICANT: (See back of form for Application Types)
O. NOT FOR PROFIT ORGANIZATION
Other (specify)

8. TYPE OF APPLICATION:
☑ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA - RURAL DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
CHILDREN'S RESOURCE CENTER

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
COUNTY OF MADERA, UNINCORPORATED COMM. OF OAKHURST

13. PROPOSED PROJECT
Start Date:
Ending Date:

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 19TH - DENHAM
b. Project: 19TH - DENHAM

15. ESTIMATED FUNDING:

a. Federal	$ 50,000
b. Applicant	$ 5,000
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 55,000

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative
Prefix: MRS.
First Name: CANDACE
Middle Name
Last Name: FLAMMANG
Suffix
b. Title: PRESIDENT, FOBL
c. Telephone Number (give area code): 559-974-7753
d. Signature of Authorized Representative: Candace Flammang
e. Date Signed: 1/18/2012

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

Application for Federal Assistance SF-424 Version 02

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

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JAN 18 2012
STATE CLEARING HOUSE

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

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: Los Osos Community Services District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
77-0504518	046672262

d. Address:

* Street1: 2122 9th Street, Suite 102
Street2:
* City: Los Osos
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93402

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: * First Name: Kari
Middle Name:
* Last Name: Wagner
Suffix:

Title:

Organizational Affiliation:
Wallace Group

* Telephone Number: 805-544-4011 Fax Number:

* Email: kariw@wallacegroup.us

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

R12SF80049

Title:

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

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

Implementation of Indoor Water Conservation Measures within the Los Osos Community

Attach supporting documents as specified in agency instructions.

[redacted]

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-023
* b. Program/Project: CA-023

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

[redacted]

17. Proposed Project:

* a. Start Date: 03/01/2012
* b. End Date: 12/31/2014

18. Estimated Funding ($):

* a. Federal	300,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	5,000,000.00
* f. Program Income	0.00
* g. TOTAL	5,300,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/18/2012.

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

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

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

[ ] Yes [X] No [redacted]

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)**

[X] *** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Dan
Middle Name:
* Last Name: Gilmore
Suffix:

* Title: General Manager

* Telephone Number: 805-528-9370
Fax Number:

* Email: dgilmore@losososcsd.org

01/18/2012

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 01/18/2012

4. Applicant Identifier:

RECEIVED
JAN 19 2012
STATE CLEARING HOUSE

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: Inland Empire Utilities Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956004609

* c. Organizational DUNS: 043656206

d. Address:

* Street1: 6075 Kimball Avenue
Street2:
* City: Chino
County: San Bernardino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91708-5174

e. Organizational Unit:

Department Name: Financial Planning

Division Name: Grants Administration

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

Prefix: Mr.
* First Name: Jaeon
Middle Name: H.
* Last Name: Gu
Suffix:

Title: Grants Officer

Organizational Affiliation: Inland Empire Utilities Agency employee

* Telephone Number: (909) 993-1636
Fax Number: (909)993-1986

* Email: jgu@ieua.org

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

Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

R12SF80049

Title:

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

Cities of the Cities of Chino, Chino Hills, Fontana, Montclair, Ontario, Rancho Cucamonga, Upland, and unincorporated areas of San Antonio Heights and Alta Loma, which are located in San Bernardino County in the State of California

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

WATER SMART HOME-RESIDENTIAL LANDSCAPE TRANSFORMATION PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-042
* b. Program/Project: CA-042

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

Additional Congressional Dis | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/02/2012
* b. End Date: 06/30/2014

18. Estimated Funding ($):

* a. Federal	300,000.00
* b. Applicant	274,791.00
* c. State	0.00
* d. Local	75,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	649,791.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/19/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr.
* First Name: Thomas
Middle Name: A.
* Last Name: Love
Suffix:

* Title: General Manager
* Telephone Number: (909) 993-1600
Fax Number: (909)993-1985
* Email: tlove@ieua.org
* Signature of Authorized Representative: Completed by Grants.gov upon submission
* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED
JAN 19 2012
STATE CLEARING HOUSE

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: Inland Empire Utilities Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956004609

* c. Organizational DUNS: 043656206

d. Address:

* Street1: 6075 Kimball Avenue
Street2:
* City: Chino
County: San Bernardino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91708-5174

e. Organizational Unit:

Department Name: Financial Planning

Division Name: Grants Administration

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

Prefix: Mr.
* First Name: Jason
Middle Name: H.
* Last Name: Gu
Suffix:

Title: Grants Officer

Organizational Affiliation: Inland Empire Utilities Agency employee

* Telephone Number: (909) 993-1636
Fax Number: (909)993-1986

* Email: jgu@ieua.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

R12SF80049

Title:

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

Cities of the Cities of Chino, Chino Hills, Fontana, Montclair, Ontario, Rancho Cucamonga, Upland, and unincorporated areas of San Antonio Heights and Alta Loma, which are located in San Bernardino County in the State of California

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

Inland Empire Regional Irrigation Retrofit Projects

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-042
* b. Program/Project: CA-042

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

Additional Congressional Dis | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/02/2012
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	1,500,000.00
* b. Applicant	3,000,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	4,500,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/19/2012.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Thomas

Middle Name: A.

* Last Name: Love

Suffix:

* Title: General Manager

* Telephone Number: (909) 993-1600 Fax Number: (909)993-1985

* Email: tlove@ieua.org

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

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

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JAN 19 2012
STATE CLEARING HOUSE

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 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: Inland Empire Utilities Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956004609

* c. Organizational DUNS: 043656206

d. Address:

* Street1: 6075 Kimball Avenue
Street2:
* City: Chino
County: San Bernardino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91708-5174

e. Organizational Unit:

Department Name: Financial Planning

Division Name: Grants Administration

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

Prefix: Mr.
* First Name: Jason
Middle Name: M.
* Last Name: Gu
Suffix:

Title: Grants Officer

Organizational Affiliation: Inland Empire Utilities Agency employee

* Telephone Number: (909) 993-1636
Fax Number: (909)993-1986

* Email: jgu@ieua.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

R12SF80049

Title:

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

Cities of the Cities of Chino, Chino Hills, Fontana, Montclair, Ontario, Rancho Cucamonga, Upland, and unincorporated areas of San Antonio Heights and Alta Loma, which are located in San Bernardino County in the State of California

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

Regional Residential Landscape Surveys and Retrofit Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-042
* b. Program/Project: CA-042

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

Additional Congressional Dis | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2012
* b. End Date: 03/31/2014

18. Estimated Funding ($):

* a. Federal	200,000.00
* b. Applicant	260,413.00
* c. State	0.00
* d. Local	106,084.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	566,497.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/19/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. | * First Name: Thomas
Middle Name: A.
* Last Name: Love
Suffix:

* Title: General Manager

* Telephone Number: (909) 993-1600 | Fax Number: (909)993-1985

* Email: tlove@ieua.org

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

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JAN 19 2012
STATE CLEARING HOUSE

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: 053836235

d. Address:

* Street1: 42135 Winchester Rd.
Street2:
* City: Temecula
County: Riverside
* State: AS: American Samoa
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92590

e. Organizational Unit:

Department Name: Planning Department

Division Name:

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

Prefix:
* First Name: Denise
Middle Name:
* Last Name: Landstedt
Suffix:

Title: Water Resources Planner

Organizational Affiliation: Rancho California Water District

* Telephone Number: 951-296-6916
Fax Number: 951-296-6860

* Email: landstedtd@ranchowater.com

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

R12SF80049

Title:

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

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

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

Enhanced Agricultural Irrigation Efficiency Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-049
* b. Program/Project: CA-049

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

RCWD_Congressional Districts | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 03/01/2012
* b. End Date: 02/28/2014

18. Estimated Funding ($):

* a. Federal	188,297.00
* b. Applicant	0.00
* c. State	189,386.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	377,683.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/17/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Perry
Middle Name:
* Last Name: Louck
Suffix:

* Title: Director of Planning

* Telephone Number: 951-296-6927
Fax Number:

* Email: louckp@ranchowater.com

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

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

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received:

4. Applicant Identifier:

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STATE CLEARING HOUSE

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: Nipomo Community Services District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6133986

* c. Organizational DUNS: 06-624-0250

d. Address:

* Street 1: P.O. Box 326
Street 2:
* City: Nipomo
County: San Luis Obispo
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93444

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Kari

Middle Name:

* Last Name: Wagner

Suffix:

Title: Senior Civil Engineer

Organizational Affiliation: Wallace Group

* Telephone Number: (805) 544-4011

Fax Number: (805) 544-4294

* Email: kariw@wallacegroup.us

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Nipomo Community Services District, Woodlands Mutual Water Company, Golden State Water Company, Rural Water Company

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

Nipomo Mesa Supplemental Water Supply Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 23
* b. Program/Project: 23

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09-01-2012
* b. End Date: 03-01-2014

18. Estimated Funding ($):

* a. Federal	$4,104,906.00
* b. Applicant	$13,186,314.00
* c. State	
* d. Local	
* e. Other	$4,172,094.00
* f. Program Income	$8,300,000.00
* g. TOTAL	$29,763,314.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01-23-2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix:
* First Name: Michael
Middle Name:
* Last Name: LeBrun
Suffix:

* Title: General Manager

*Telephone Number: (805) 239-1133
Fax Number: (805) 929-1932

* Email: mlebrun@ncsd.ca.gov

* Signature of Authorized Representative:
* Date Signed:

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 01/23/2012

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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JAN 23 2012
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002123

* c. Organizational DUNS: 1247267250000

d. Address:

* Street1: 2150 Shattuck Avenue, Suite 300
Street2:
* City: Berkeley
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94704-5940

e. Organizational Unit:

Department Name: Sponsored Projects Office

Division Name:

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

Prefix:
* First Name: Wendi
Middle Name:
* Last Name: Hayes
Suffix:

Title: Research Administrator

Organizational Affiliation:

* Telephone Number: 510-643-3391
Fax Number: 510-642-8236

* Email: wendih@berkeley.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:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G12AS00002

* Title:

USGS Non-Competitive Assistance FY 2012 - Denver Acquisition Branch

13. Competition Identification Number:

G12AS00002

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

USGS Workshops on NGA-West2 and NGA-East

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-009
b. Program/Project: CA-009

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

17. Proposed Project:

* a. Start Date: 01/01/2012
* b. End Date: 12/31/2012

18. Estimated Funding ($):

* a. Federal	12,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	12,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/13/2012.
- [ ] 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
- [x] 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)**

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Patricia
Middle Name:
* Last Name: Gates
Suffix:

* Title: Associate Director
* Telephone Number: 510-642-8109
Fax Number: 510-642-8236
* Email: spo_grants_gov@lists.berkeley.edu
* Signature of Authorized Representative: Patricia Gates
* Date Signed: 01/23/2012

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

Version 02

Application for Federal Assistance SF-424

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

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

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: Reclamation District 2035

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0249569	876385980

d. Address:

* Street1: 45332 County Road 25
Street2:
* City: Woodland
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95776

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:
* First Name: Regina
Middle Name:
* Last Name: Cherovsky
Suffix:

Title: Managing Trustee

Organizational Affiliation:

* Telephone Number: 530-662-1484
Fax Number: 530-662-0562

* Email: rcherovsky@hotmail.com

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

R12SF80049

Title:

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

City of Woodland, Yolo County, State of California
Yolo Bypass, Cache Creek, Willow Slough, Willow Slough Bypass

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

Pump Conversions - Diesel To Electric

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-001
* b. Program/Project: CA-001

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2012
* b. End Date: 04/30/2014

18. Estimated Funding ($):

* a. Federal	274,228.00
* b. Applicant	292,500.14
* c. State	0.00
* d. Local	0.00
* e. Other	128,352.00
* f. Program Income	0.00
* g. TOTAL	695,080.14

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/18/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:	
* First Name:	Regina
Middle Name:	
* Last Name:	Cherovsky
Suffix:	
* Title:	Managing Trustee
* Telephone Number:	530-662-1482
Fax Number:	530-662-0562
* Email:	rcherovsky@hotmail.com
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Sacramento Suburban Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 800002258

* c. Organizational DUNS: 798624201

d. Address:

* Street1: 3701 Marconi Avenue, Suite 100
Street2:
* City: Sacramento
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95821-5346

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Warren

Middle Name:

* Last Name: Jung

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: (916)679-2896

Fax Number:

* Email: wjung@sswd.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

R12SF80049

Title:

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

Sacramento Suburban Water District, Sacramento County, California

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

Sacramento Suburban Water District Meter Installation Acceleration Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: ca-003
* b. Program/Project: ca-003

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2012
* b. End Date: 12/31/2013

18. Estimated Funding ($):

* a. Federal	299,893.00
* b. Applicant	1,749,375.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	2,049,268.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/19/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Robert

Middle Name:

* Last Name: Roscoe

Suffix:

* Title: General Manager

* Telephone Number: (916) 972-7171 Fax Number:

* Email: rroscoe@sswd.org

* Signature of Authorized Representative: Robert Roscoe * Date Signed: Jan 11, 2012

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 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: Sacramento Suburban Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 800002258

* c. Organizational DUNS: 798624201

d. Address:

* Street1: 3701 Marconi Avenue, Suite 100
Street2:
* City: Sacramento
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95821-5346

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:
* First Name: Warren
Middle Name:
* Last Name: Jung
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: (916) 679-2896
Fax Number:

* Email: wjung@sswd.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R12SF80049

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2012

13. Competition Identification Number:

R12SF80049

Title:

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

Sacramento Suburban Water District, Sacramento County, California

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

Sacramento Suburban Water District North Antelope In-Conduit Hydroelectric and Pump Back Conjunctive Use Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: ca-003
* b. Program/Project: ca-003

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2012
* b. End Date: 05/30/2014

18. Estimated Funding ($):

* a. Federal	300,000.00
* b. Applicant	724,737.00
* c. State	261,873.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	1,286,610.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 1/13/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Robert

Middle Name:

* Last Name: Roscoe

Suffix:

* Title: General Manager

* Telephone Number: (916)972-7171 Fax Number:

* Email: rroscoe@sswd.org

* Signature of Authorized Representative: Robert Roscoe * Date Signed: Jan 11, 2012

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☒ Construction ☐ Non-Construction; Pre-application ☒ Construction ☐ Non-Construction	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Gold Rush Home Study Charter School

Organizational Unit:

Department:

Division:

Organizational DUNS: 058744850

Address:

Street: 14673 Mono Way

City: Sonor

County: Tuolumne

State: CA

Zip Code: 95370

Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Mr. First Name: James

Middle Name: Anthony

Last Name: Gallno

Suffix:

Email: jgallno.trachard@gmail.com

Phone Number (give area code): (209) 533-8644

Fax Number (give area code): (209) 588-9988

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0570999

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

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

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

Other (specify) charter school

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase Land & Building - Remodel for HS occupancy

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tuolumne - Sonora - California

13. PROPOSED PROJECT

Start Date: 5-1-2012

Ending Date: 8-15-2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 19th-CA

b. Project: 19th-CA

15. ESTIMATED FUNDING:

a. Federal	$ 810,000
b. Applicant	$ 90,000
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 900,000

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

a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

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

a. Authorized Representative

Prefix: Mr. First Name: James Middle Name: A

Last Name: Gallno Suffix:

b. Title: Vice Principal c. Telephone Number (give area code): (209) 533-8644

d. Signature of Authorized Representative e. Date Signed:

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

FEDERAL GRANT APPLICATION REQUEST

DATE: 12/12/2011

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STATE CLEARING HOUSE

TO: Budgets Branch
Division of Administrative Services
State Water Resources Control Board
1001 I Street, 18th Floor
Sacramento, CA 95814

APPROVED:

FROM: Kelly Valine
SWRCB-Division of Financial Assistance
916-327-6976
kvaline@waterboards.ca.gov

Board Deputy Director or Regional Executive Officer

TYPE OF APPLICATION: (please highlight)	NEW X	REVISION (funding & time)	CONTINUATION (time only)
1. Federal ID No.: 68-0281986		3. Project Manager: James Maughan Organization: DFA, SWRCB Phone / FAX: (916) 341-5694 / (916) 341-5707	
2. CFDA No.: 66.458			
4. Project Title: Federal Fiscal Year 2012 Clean Water State Revolving Fund Capitalization Grant		5. Federal Task/PCA Nos: 501 – Only for Administration	
6. Project Amount: Federal: $105,610,000 State: $21,122,000 **Total: $126,732,000**	7. Project Period: From: 07/01/2012 To: 06/30/2022	8. If a State Match is included, what is the source of funding and Task/PCA Nos: Local Match Credits, Task # 501 – Only for Administration	
9. Federal Contact: (name, phone & fax) Juanita Licata, (415) 972-3450 / (415) 947-3537		10. Date Due to Federal Agency:	
11. Special Considerations: Does this grant have any "in-kind" assistance? If yes, what is the dollar amount? No. Does this grant fund an Intergovernmental Personnel Assignment (IPA)? If yes, what is the dollar amount? No.			

Checklist of Attachments Required for this Application

1.X___SWRCB Resolution (required when federal funds exceed $500,000 or three years duration).
2.X___Workplan (USEPA approved).
3.X___Budget Summary (total for this application only).
4.X___Spending Plan (FY detail - for budget authority purposes).
5.____Other federal communications.

Please complete all sections and send to the Budgets Branch, with the attachments listed above.
If you have any questions regarding the process, please call (916) 341-5807 or e-mail mspence@waterboards.ca.gov

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STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424

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

* 3. Date Received: 01/30/2012

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

RECEIVED
JAN 31 2012
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Butte-Glenn Community College District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 941637174

* c. Organizational DUNS: 0861259520000

d. Address:

* Street1: 3536 Butte Campus Drive
Street2: Agriculture Department
* City: Oroville
County/Parish: Butte
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 959658303

e. Organizational Unit:

Department Name: Agriculture Department

Division Name: Career Technical Education

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

Prefix: Mr.
* First Name: Lyman
Middle Name:
* Last Name: Hagen
Suffix:

Title: Chair, Agriculture and Environmental Science

Organizational Affiliation: Butte College

* Telephone Number: 5308952593
Fax Number: 5308952929

* Email: hagenly@butte.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:**

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-12-01

* Title:

2012 Conservation Innovation Grant Funding Opportunity

13. Competition Identification Number:

Title:

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

14.Areas Affected by the Project.docx | Add Attachment | Delete Attachment | View Attachment

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

Barley Fodder as an Alternative Low-cost and Sustainable Feed Source

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-002
b. Program/Project: CA-002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/03/2012
* b. End Date: 08/30/2013

18. Estimated Funding ($):

* a. Federal	29,996.00
* b. Applicant	35,956.00
* c. State	0.00
* d. Local	0.00
* e. Other	3,880.00
* f. Program Income	0.00
* g. TOTAL	69,832.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 01/31/2012.

[ ] 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 [X] 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)**

[X] ** I AGREE

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

Authorized Representative:

Prefix: Dr.
* First Name: Kimberly
Middle Name:
* Last Name: Perry
Suffix:

* Title: Superintendent/President

* Telephone Number: 5308952484
Fax Number:

* Email: perryki@butte.edu

* Signature of Authorized Representative: Juri Brilla
* Date Signed: 01/30/2012