Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16 - 31, 2013.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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	[X] New	
[X] Application	[ ] Continuation	* Other (Specify):
[ ] Changed/Corrected Application	[ ] Revision	

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

4. Applicant Identifier:

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JAN 16 2013
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: Foothill Municipal Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4023655

* c. Organizational DUNS: 040956708

d. Address:

* Street1: 4536 Hampton Road
Street2:
* City: La Canada Flintridge
County/Parish:
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91011

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: Nina
Middle Name:
* Last Name: Jazmadarian
Suffix:

Title: General Manager

Organizational Affiliation:

* Telephone Number: 818-790-4036
Fax Number: 818-790-9418

* Email: njazmadarian@fmwd.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Municipality - Public Water Agency

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of the Interior - Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FOA No. R13SF80003

* Title:

WaterSMART: Water and Energy Efficency Grants for FY 2013

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Foothill Municipal Water District Recycled Water Project - Infiltration Gallery Construction

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 District 28
* b. Program/Project: CA District 28

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2014
* b. End Date: 09/01/2015

18. Estimated Funding ($):

* a. Federal	300,000
* b. Applicant	513,606
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	813,606

*** 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 01/15/2013.

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

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

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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:	Ms.
* First Name:	Nina
Middle Name:	
* Last Name:	Jazmadarian
Suffix:	
* Title:	General Manager
* Telephone Number:	818-790-4036
Fax Number:	818-790-9418
* Email:	njazmadarian@fmwd.com
* Signature of Authorized Representative:	[signature]
* Date Signed:	1/15/13

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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*** 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: Upper San Gabriel Valley Municipal Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2082591

* c. Organizational DUNS: 021083696

d. Address:

* Street1: 602 E. Huntington Drive, Suite B
Street2:
* City: Monrovia
County/Parish:
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91016

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: Elena
Middle Name:
* Last Name: Layugan
Suffix:

Title: Conservation Coordinator

Organizational Affiliation:

* Telephone Number: (626) 443-2297
Fax Number: (626) 443-0617

* Email: elena@usgvmwd.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Municipality - Special District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of the Interior - Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FOA No. R13SF80003

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2013

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Upper San Gabriel Valley Municipal Water District: Large Landscape Survey and Retrofit Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 26 & 32 * b. Program/Project 26 & 32

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: August 2013 * b. End Date: Sept. 2014

18. Estimated Funding ($):

* a. Federal	$300,000
* b. Applicant	$474,741
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$774,741

*** 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 1/16/2013.

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

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

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

Middle Name:

* Last Name: Chapman

Suffix:

* Title: General Manager

* Telephone Number: (626) 443-2297 Fax Number: (626) 443-0617

* Email: shane@uscgvmwd.org

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

Shane Chapman 1/16/13

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 1/15/13		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY 1-15-2013 incomplete		Federal Identifier

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Great Northern Corporation

Organizational Unit:

Department:

Division:

Organizational DUNS: 131624751

Address:

Street: 780 S. Davis Avenue

Mail: P.O. Box 20

City: Weed

County: Siskiyou

State: CA

Zip Code 96094

Country: USA

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

Prefix: Mrs

First Name: Crystal

Middle Name: Lee

Last Name: Aston

Suffix:

Email: caston@gnccorp.org

Phone Number (give area code): 530-938-4115 x26

Fax Number (give area code): 530-938-1040

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2562423

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)

O- Not for Profit

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA, Rural Development

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

TITLE (Name of Program): Community Facilities Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Purchase and Installation of walk-in freezer unit for Emergency Food Assistance Program

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

none

13. PROPOSED PROJECT

Start Date: April 1, 2013

Ending Date: June 1, 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 1 - Doug LaMalfa

b. Project: District 1 - Doug LaMalfa

15. ESTIMATED FUNDING:

a. Federal	$ 15,000 00
b. Applicant	$ 00
c. State	$ 00
d. Local	$ 4,000 00
e. Other	$ 00
f. Program Income	$ 00
g. TOTAL	$ 19,000 00

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

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

DATE:

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: Bonnie

Middle Name:

Last Name: Kubowitz

Suffix:

b. Title: Executive Director, Great Northern Corporation

c. Telephone Number (give area code): 530-938-4115 x23

d. Signature of Authorized Representative

e. Date Signed: 1/8/13

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 01/09/2013	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: CITY OF SAND CITY

Organizational DUNS: 930191742

Address:
Street: 1 SYLVAN PARK
City: SAND CITY
County: MONTEREY
State: CA
Zip Code: 93955
Country: UNITED STATES

Organizational Unit:
Department: POLICE
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mrs.
First Name: Rosa
Middle Name
Last Name: Camacho-Chavez
Suffix:
Email: rcamacho@pmcworld.com
Phone Number (give area code): 831-383-7987
Fax Number (give area code): 831-644-7696

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1527088

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766
TITLE (Name of Program): COMMUNITY FACILITIES LOANS AND GRANTS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
THE PURCHASE OF TWO (2) POLICE VEHICLES.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
CITY OF SAND CITY

13. PROPOSED PROJECT
Start Date: 4/09/2013
Ending Date: 05/09/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 20th DISTRICT
b. Project: 20th DISTRICT

15. ESTIMATED FUNDING:

a. Federal USDA CFG	$ 30,000.00
b. Applicant City of Sand City	$ 72,406.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 102,406.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 1/9/2013
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: MR.
First Name: STEVE
Middle Name
Last Name: MATARAZZO
Suffix
b. Title: CITY ADMINISTRATOR
c. Telephone Number (give area code): 831-394-3054
d. Signature of Authorized Representative: Steve Matarazzo
e. Date Signed: 1/9/2013

COPY

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:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
Bureau of Reclamation	R13SF80003

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Diablo Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6022414	079084091

d. Address:

* Street1: PO Box 127
Street2: 2107 Main Street
* City: Oakley
County/Parish: Contra Costa County
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94561

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JAN 17 2013
STATE CLEARINGHOUSE

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: Mike
Middle Name:
* Last Name: Yeraka
Suffix:

Title: General Manager

Organizational Affiliation: Applicant

* Telephone Number: 925-625-6159
Fax Number: 925-625-0814

* Email: mikegm1@aol.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Water District - Local Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of the Interior, Policy and Administration, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

Secure Water Act

*** 12. Funding Opportunity Number:**

R13SF80003

* Title:

WaterSMART:
Water and Energy Efficiency
Grants for FY 2013

13. Competition Identification Number:

Title:

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

Oakley, Contra Costa, California

Add Attachment | Delete Attachment | View Attachment

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

Diablo Water District
Advanced Meter Reading Leak Detection and Conservation Project (Funding Group I)

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-9
* b. Program/Project: CA-9

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 6-15-2013
* b. End Date: 5-31-2014

18. Estimated Funding ($):

* a. Federal	$300,000
* b. Applicant	$300,000
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	$600,000

*** 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 1-17-2013.

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

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

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

Middle Name:

* Last Name: Yeraka

Suffix:

* Title: General Manager

* Telephone Number: 925-625-6159

Fax Number: 925-625-0814

* Email: mikegm1@aol.com

* Signature of Authorized Representative:

* Date Signed: 1-16-2013

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: 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:

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JAN 17 2013
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Los Osos Community Services District

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

* c. Organizational DUNS: 046672262

d. Address:

* Street1: 2122 9th Street, Suite 102
Street2:
* City: Los Osos
County/Parish:
* State: CA
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: Senior Civil Engineer

Organizational Affiliation: Wallace Group

* Telephone Number: 805-544-4011

Fax Number:

* Email: Kariw@wallacegroup.us

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

D. Special District

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:

CFDA Title:

*** 12. Funding Opportunity Number:**

RT3SF80003

* Title:

Water SMART: Water and Energy Efficiency Grants for FY2013

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Implementation of indoor water conservation measures within the Los Osos community.

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
* b. Program/Project: CA-023

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 6/2013
* b. End Date: 6/2015

18. Estimated Funding ($):

* a. Federal	300,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	300,000.00
* f. Program Income	0.00
* g. TOTAL	600,000.00

*** 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 01/17/2013.

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

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

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

Middle Name:

* Last Name: Falkner

Suffix:

* Title: Acting General Manager

* Telephone Number: 805-528-9370

Fax Number:

* Email: mfalkner@losososcsd.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

Version 02

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: 01/17/2013

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Elk Grove Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0409700

* c. Organizational DUNS: 081264509

d. Address:

* Street1: 9257 Elk Grove Blvd.
Street2:
* City: Elk Grove
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95624

e. Organizational Unit:

Department Name: Technical Services

Division Name:

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

Prefix:
* First Name: Ellen
Middle Name:
* Last Name: Carlson
Suffix:

Title: Management Analyst

Organizational Affiliation:

* Telephone Number: 916-685-3556
Fax Number:

* Email: ecarlson@egwd.org

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

Version 02

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R13SF80003

* Title:

WaterSMART: Water and Energy Efficiency Grants for 2013

13. Competition Identification Number:

R13SF80003

Title:

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

City of Elk Grove, CA

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

Water meter 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

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 3
* b. Program/Project: 3

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2013
* b. End Date: 12/19/2014

18. Estimated Funding ($):

* a. Federal	1,500,000.00
* b. Applicant	1,662,314.55
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,162,314.55

*** 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 01/17/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [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: Mark
Middle Name: J.
* Last Name: Madison
Suffix:

* Title: General Manager

* Telephone Number: 916-685-3556
Fax Number: 916-685-5376

* Email: mmadison@cgwd.org

* Signature of Authorized Representative: Ellen Carlson
* Date Signed: 01/17/2013

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

Version 02

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: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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JAN 17 2013
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Elk Grove Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0409700

* c. Organizational DUNS: 081264509

d. Address:

* Street1: 9257 Elk Grove Blvd.
Street2:
* City: Elk Grove
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95624

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: Ellen

Middle Name:

* Last Name: Carlson

Suffix:

Title: Management Analyst

Organizational Affiliation:

* Telephone Number: 916-685-3556

Fax Number: 916-685-5376

* Email: ecarlson@egwd.org

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

Version 02

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R13SF80003

* Title:

WaterSMART: Water and Energy Efficiency Grants for 2013

13. Competition Identification Number:

R13SF80003

Title:

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

City of Elk Grove, CA

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

Water meter 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

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 3
* b. Program/Project: 3

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2013
* b. End Date: 12/19/2015

18. Estimated Funding ($):

* a. Federal	300,000.00
* b. Applicant	2,862,314.55
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,162,314.55

*** 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 01/17/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [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: Mark
Middle Name: J.
* Last Name: Madison
Suffix:

* Title: General Manager
* Telephone Number: 916-685-3556
Fax Number: 916-685-5376
* Email: mmadison@cgwd.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: 01/16/2013

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: Western Municipal Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6005108

* c. Organizational DUNS: 030589311

d. Address:

* Street1: 14205 Meridian Parkway
Street2:
* City: Riverside
County: Riverside
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92518

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e. Organizational Unit:

Department Name: Water Resources

Division Name:

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

Prefix: Mr.
* First Name: Jack
Middle Name:
* Last Name: Safely
Suffix:

Title: Director of Water Resources

Organizational Affiliation:

* Telephone Number: 951-571-7241
Fax Number: 951-571-0592

* Email: jsafely@wmwd.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:**

R13SF80003

* Title:

WaterSMART: Water and Energy Efficiency Grants for 2013

13. Competition Identification Number:

R13SF80003

Title:

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

Communities within Western Riverside County, including City of Riverside, City of Norco, City of Corona, and Jurupa Community Services District.

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

Arlington Basin Water Quality Improvement 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: 41, 42
* b. Program/Project: 41, 42

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2013
* b. End Date: 12/31/2015

18. Estimated Funding ($):

* a. Federal	1,500,000.00
* b. Applicant	2,943,636.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	4,443,636.00

*** 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 01/17/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [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: John

Middle Name:

* Last Name: Rossi

Suffix:

* Title: General Manager

* Telephone Number: 951-571-5000 Fax Number: 951-571-0590

* Email: jrossi@wmwd.com

* Signature of Authorized Representative: Kerly Gaynor * Date Signed: 01/16/2013

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

Application for Federal Assistance SF-424 Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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	

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* 3. Date Received:	4. Applicant Identifier:
01/16/2013	

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

RECEIVED JAN 17 2013 STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Western Municipal Water District of Riverside County

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-6005108	030589311

d. Address:

* Street1: 14205 Meridian Parkway
Street2:
* City: Riverside
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92518

e. Organizational Unit:

Department Name:	Division Name:
Water Resources	Water Use Efficiency

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

Prefix:
* First Name: Tim
Middle Name:
* Last Name: Barr
Suffix:

Title: Water Use Efficiency Manager

Organizational Affiliation:

* Telephone Number:	Fax Number:
951-571-7254	

* Email: tbarr@wmwd.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:**

R13SF80003

* Title:

WaterSMART: Water and Energy Efficiency Grants for 2013

13. Competition Identification Number:

R13SF80003

Title:

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

Riverside County, State of California. The project will cover the service area of Western Municipal Water District.

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

High Efficiency Urinal Flush-Valve Upgrade 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: 41, 42
* b. Program/Project: 41, 42

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2013
* b. End Date: 11/30/2015

18. Estimated Funding ($):

* a. Federal	209,157.00
* b. Applicant	375,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	584,157.00

*** 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 01/17/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Add 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: John
Middle Name:
* Last Name: Rossi
Suffix:

* Title: General Manager
* Telephone Number: 951-571-7242
Fax Number:
* Email: jrossi@wmwd.com
* Signature of Authorized Representative: Karly Gaynor
* Date Signed: 01/16/2013

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

Application for Federal Assistance SF-424 Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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:

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STATE CLEARING HOUSE

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

d. Address:

* Street1: 42135 Winchester Road
Street2:
* City: Temecula
County:
* 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: Ms.
* First Name: Denise
Middle Name:
* Last Name: Landstedt
Suffix:

Title: Senior 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:**

R13SF80003

* Title:

WaterSMART: Water and Energy Efficiency Grants for 2013

13. Competition Identification Number:

R13SF80003

Title:

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

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

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

Expanded Recycled Water and Plant Material Conversion 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-042
* b. Program/Project: CA-042

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: 10/01/2013
* b. End Date: 10/04/2015

18. Estimated Funding ($):

* a. Federal	242,724.00
* b. Applicant	142,008.61
* c. State	0.00
* d. Local	59,902.00
* e. Other	50,244.76
* f. Program Income	0.00
* g. TOTAL	494,879.37

*** 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 01/17/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [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: Richard
Middle Name:
* Last Name: Williamson
Suffix:

* Title: Assistant General Manager

* Telephone Number: 951-296-6900
Fax Number: 951-296-6860

* Email: williamsonr@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)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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JAN 17 2013
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Sonoma County Water Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000539

* c. Organizational DUNS: 074662503

d. Address:

* Street1: 404 Aviation Boulevard
Street2:
* City: Santa Rosa
County: Sonoma
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95403

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: Joan

Middle Name:

* Last Name: Hultberg

Suffix:

Title: Department Analyst

Organizational Affiliation:

* Telephone Number: (707)547-1902

Fax Number:

* Email: Joan@scwa.ca.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:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

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

*** 12. Funding Opportunity Number:**

R13SF80003

* Title:

WaterSMART: Water and Energy Efficiency Grants for 2013

13. Competition Identification Number:

R13SF80003

Title:

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

California Counties (Sonoma, Marin, Contra Costa, Alameda, San Joaquin, Calaveras, Placer, Sacramento, Yolo),Utah Counties (Cache, Iron),New Mexico Counties (Santa Fe), Wyoming Counties (Campbell)

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

Sonoma County Water Agency: Qualified Water Efficient Landscaper Training Expansion 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-005
* b. Program/Project: CA-005

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2013
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	102,000.00
* b. Applicant	102,139.36
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	204,139.36

*** 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 01/17/2013.

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

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

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

[ ] Yes [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: Grant

Middle Name:

* Last Name: Davis

Suffix:

* Title: General Manager

* Telephone Number: 707-547-1911 Fax Number:

* Email: grant.davis@scwa.ca.gov

* 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:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: 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:**

R13SF80003

* Title:

WaterSMART: Water and Energy Efficiency Grants for 2013

13. Competition Identification Number:

R13SF80003

Title:

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

Cities of Chino, Chino Hills, Ontario, Fontana, Montclair, Upland, and Rancho Cucamonga; County of San Bernardino, State of California

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

Groundwater Recharge and Recycled Water Supervisory Control and Data Acquisition System Upgrades

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-027
* b. Program/Project: CA-027

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

List of Congressional Discri | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2013
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	996,721.47
* b. Applicant	49,836.07
* c. State	946,885.40
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,993,442.94

*** 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 01/17/2013.

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

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

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

[ ] Yes [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 216, 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.

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED January 15, 2013		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Truckee Tahoe Airport District

Organizational Unit:

Department: Airport District

Organizational DUNS: 006492235

Division:

Address:

Street: 10356 Truckee Tahoe Airport Road

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

Prefix: Mr. First Name: Kevin

City: Truckee

Middle Name

County: Nevada

Last Name: Smith

State: California Zip Code: 96161

Suffix:

Country: USA

Email: ksmith@fly2trk.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1563328

Phone Number (give area code): (530) 587-4119, Ext. 105

Fax Number (give area code): (530) 587-2984

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

C. Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Truckee Tahoe Airport, Truckee, Nevada County, California Reimbursement for Engineering Design - Projects 2, 3, and 4; April A1 and Apron A2 Mill and Fill; Upgrade R/W 2-20 Markings; Obstruction Survey and Removal (Tree Trimming); Snow Removal Equipment; Engineering Design - Apron A1 Mill and Fill (Phase 2) and Reconstruct Taxilanes

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

13. PROPOSED PROJECT

Start Date: 2013 Ending Date: 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 14 b. Project 14

15. ESTIMATED FUNDING:

a. Federal	$ 1,313,100 .00
b. Applicant	$ 86,810 .00
c. State	$ 59,090 .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,459,000 .00

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

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

DATE: January 17, 2013

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mr. First Name: Kevin Middle Name

Last Name: Smith Suffix

b. Title: General Manager c. Telephone Number (give area code): (530) 587-4119, Ext. 105

d. Signature of Authorized Representative e. Date Signed 1/18/13

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED January 9, 2013	Applicant Identifier
1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B -13-UC-06-0005

5. APPLICANT INFORMATION

Legal Name: County of Sacramento	Organizational Unit: Department: Housing Authority of the County of Sacramento
Organizational DUNS: 137351164	Division:
Address: Street: 801 12th Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. / First Name: Geoffrey
City: Sacramento	Middle Name
County: Sacramento	Last Name Ross
State: California / Zip Code 95814	Suffix:
Country: USA	Email: gross@shra.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 3 0 0 5 2 9	Phone Number (give area code) (916) 440-1357 / Fax Number (give area code) (916) 498-1655
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) Municipal Other (specify) 9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 1 8 TITLE (Name of Program): Community Development Block Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2013 Community Development Block Grant Projects
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento	
13. PROPOSED PROJECT Start Date: January 1, 2013 / Ending Date: December 31, 2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3rd, 4th, 5th, and 11th / b. Project: 3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

a. Federal	$ 4,543,606.00
b. Applicant	$ 0.00
c. State	$ 200,131.00
d. Local	$ 2,832,318.00
e. Other	$ 9,637,958.00
f. Program Income	$ 16,433.00
g. TOTAL	$ 17,230,446.00

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

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

DATE: January 18, 2013

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix Ms.	First Name La Shelle	Middle Name
Last Name Dozier		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319
d. Signature of Authorized Representative La Shelle Dozier		e. Date Signed 1/17/13

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Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED January 9, 2013		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier B-13-MC-06-0003

1. TYPE OF SUBMISSION:

Application
- [x] Construction
- [ ] Non-Construction

Pre-application
- [ ] Construction
- [ ] Non-Construction

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5. APPLICANT INFORMATION

Legal Name: City of Sacramento

Organizational DUNS: 137351016

Address:
Street: 801 12th Street
City: Sacramento
County: Sacramento
State: California
Zip Code: 95814
Country: USA

Organizational Unit:
Department: Housing Authority of the City of Sacramento
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Geoffrey
Middle Name
Last Name: Ross
Suffix:
Email: gross@shra.org
Phone Number (give area code): (916) 440-1357
Fax Number (give area code): (916) 498-1655

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000759

8. TYPE OF APPLICATION:
- [ ] New
- [x] 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)

Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY:
U. S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218

TITLE (Name of Program): Community Development Block Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
2012 Community Development Block Grant Projects

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

13. PROPOSED PROJECT
Start Date: January 1, 2013
Ending Date: December 31, 2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 3rd, 4th, 5th, and 11th
b. Project: 3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

a. Federal	$ 4,141,637.00
b. Applicant	$ 0.00
c. State	$ 200,131.00
d. Local	$ 3,069,318.00
e. Other	$ 9,681,958.00
f. Program Income	$ 66,949.00
g. TOTAL	$ 17,159,993.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
- a. Yes. [x] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
  DATE: January 18, 2013
- b. No. [ ] PROGRAM IS NOT COVERED BY E. O. 12372
  [ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] Yes If "Yes" attach an explanation. [x] 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: Ms.
First Name: LaShelle
Middle Name
Last Name: Dozier
Suffix
b. Title: Executive Director
c. Telephone Number (give area code): (916) 440-1319
d. Signature of Authorized Representative: LaShelle Dozier
e. Date Signed: 1/17/13

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Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED January 1, 2013	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-13-MC-06-0003

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: City of Sacramento

Organizational DUNS: 137351016

Address:
Street: 801 12th Street
City: Sacramento
County: Sacramento
State: California
Zip Code: 95814
Country: USA

Organizational Unit:
Department: Housing Authority of the City of Sacramento
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Geoffrey
Middle Name
Last Name: Ross
Suffix:
Email: gross@shra.org
Phone Number (give area code): (916) 440-1357
Fax Number (give area code): (916) 498-1655

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000759

7. TYPE OF APPLICANT: (See back of form for Application Types)
Municipal
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: U. S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-231
TITLE (Name of Program): Emergency Solutions Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
2013 Emergency Solutions Grant

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

13. PROPOSED PROJECT
Start Date: January 1, 2013
Ending Date: December 31, 2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 3rd, 4th, 5th, and 11th
b. Project: 3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

a. Federal	$ 452,693.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 452,693.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: January 18, 2013
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Ms. First Name: La Shelle Middle Name:
Last Name: Dozier Suffix:
b. Title: Executive Director c. Telephone Number (give area code): (916) 440-1319
d. Signature of Authorized Representative e. Date Signed: 1/17/13

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Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED January 1, 2013		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier S-13-UC-06-0005

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Sacramento

Organizational DUNS: 137351164

Address:
Street: 801 12th Street
City: Sacramento
County: Sacramento
State: California
Zip Code: 95814
Country: USA

Organizational Unit:
Department: Housing Authority of the County of Sacramento
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Geoffrey
Middle Name
Last Name: Ross
Suffix:
Email: gross@shra.org
Phone Number (give area code): (916) 440-1357
Fax Number (give area code): (916) 498-1655

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6300529

7. TYPE OF APPLICANT: (See back of form for Application Types)
Municipal
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: U. S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-231
TITLE (Name of Program): Emergency Solutions Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2013 Emergency Solutions Grant

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

13. PROPOSED PROJECT
Start Date: January 1, 2013
Ending Date: December 31, 2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 3rd, 4th, 5th, and 11th
b. Project: 3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

a. Federal	$ 454,693.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ .00
g. TOTAL	$ 454,693.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: January 18, 2013
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Ms. First Name: LaShelle Middle Name
Last Name: Dozier Suffix
b. Title: Executive Director c. Telephone Number (give area code): (916) 440-1319
d. Signature of Authorized Representative e. Date Signed: 1/17/13

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

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION: Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID: 13SR146782

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER: 12SRPCA006

5. APPLICATION INFORMATION

LEGAL NAME: Central County United Way

DUNS NUMBER: 008028560

ADDRESS (give street address, city, state, zip code and county):
418 E. Florida Ave.
Hemet CA 92543 - 4210
County: Riverside

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Denise Cruz
TELEPHONE NUMBER: (951) 929-0423
FAX NUMBER: (951) 652-0064
INTERNET E-MAIL ADDRESS: rsvp@ccuw.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956006645

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization

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8. TYPE OF APPLICATION (Check appropriate box).
[ ] NEW [ ] NEW/PREVIOUS GRANTEE
[X] CONTINUATION [ ] AMENDMENT
If Amendment, enter appropriate letter(s) in box(es): [ ] [ ]
A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER *(specify below)*:

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002
10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
RSVP of Western Riverside County

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Western Riverside County: Includes the cities of Banning, Beaumont, Calimesa, Canyon Lake, Corona, Hemet, Lake Elsinore, Menifee, Moreno Valley, Murrieta, Pe

13. PROPOSED PROJECT: START DATE: 04/01/13 END DATE: 03/31/14

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 045 b.Program CA 045

15. ESTIMATED FUNDING: Year #: 2

a. FEDERAL	$ 61,410.00
b. APPLICANT	$ 26,147.00
c. STATE	$ 0.00
d. LOCAL	$ 26,147.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 87,557.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 23-JAN-13
[ ] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES If "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE	b. TITLE	c. TELEPHONE NUMBER
Bob Duistermars	President	(951) 929-9691

SIGNATURE OF AUTHORIZED REPRESENTATIVE	e. DATE SIGNED:

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	

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STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier:
5a. Federal Entity Identifier: KCIC - 3-06-0041-	* 5b. Federal Award Identifier:
State Use Only:	
6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Chico

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-6000308	08-528-7522

d. Address:

* Street1: 411 Main Street
Street 2:
* City: Chico
County: Butte
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95927

e. Organizational Unit:

Department Name:	Division Name:
City Manager's Office	Facilities - Airports

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

Prefix: Mr.
First Name: Kim
Middle Name:
* Last Name: Parks
Suffix:

Title: Facilities Manager

Organizational Affiliation:
City of Chico, City Manager's Office, Facilities - Airports

* Telephone Number: 530-894-4200
Fax Number: 530-895-4731

* Email: kparks@ci.chico.ca.us

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Chico, Butte County and Adjacent Counties, California

* 15. Descriptive Title of Applicant's Project:

Chico Municipal Airport, Chico, Butte County, California: Upgrade Drainage - Intersection of T/Ws D & F and Infield; Reconstruct Taxiway H (875' x 75') & Holding Apron (620' x 157.5'); Engineering Design Reimbursement - Remark R/Ws, T/Ws, & Aprons; Construct Remark R/Ws, T/Ws, & Aprons; Update Pavement Maintenance/Management Program

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-002

* a. Applicant CA-002 * b. Program/Project: CA-002

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$1,800,450.00
*b. Applicant	$200,050.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$2,000,500.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 1-21-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Brian

Middle Name:

*Last Name: Nakamura

Suffix:

*Title: City Manager, City of Chico

*Telephone Number: 530-896-7200 Fax Number: 530-895-4825

*Email: bnakamura@ci.chico.ca.us

*Signature of Authorized Representative: Date Signed: 1/22/13

AUTHORIZED PURSUANT TO BUDGET POLICY G.6.a. PARTICIPATION IN FEDERAL, STATE, OR OTHER FUNDING ASSISTANCE PROGRAMS, AS CONTAINED IN THE 2012-13 ANNUAL BUDGET

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

Application for Federal Assistance SF-424

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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 24 2013
STATE CLEARING HOUSE

* 3. Date Received:
4. Application Identifier:

5a. Federal Entity Identifier: 3-06-0249-

* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of South Lake Tahoe

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1610868

*c. Organizational DUNS: 09-5883476

d. Address:

* Street1: 1901 Airport Road, Suite 100
Street 2:
* City: South Lake Tahoe
County: El Dorado
* State: California
Province:
Country: USA
*Zip/ Postal Code: 96150

e. Organizational Unit:

Department Name: Department of Public Works

Division Name: Lake Tahoe Airport

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

Prefix:
First Name: Sherry
Middle Name:
* Last Name: Miller
Suffix:

Title: Airport Manager

Organizational Affiliation:

Lake Tahoe Airport

* Telephone Number: 530-542-6182
Fax Number: 530-544-6366

* Email: smiller@cityofslt.us

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

South Lake Tahoe; El Dorado County, California

* 15. Descriptive Title of Applicant's Project:

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Pavement Maintenance/ Management Program; Reconstruct GA Apron (290' x 1,760') and Construct Taxiway H (50' x 100'); Airfield Guidance Sign Upgrade

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

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

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$4,480,200.00
*b. Applicant	$296,191.00
*c. State	$201,609.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$4,978,000.00

***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 1-18-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Sherry

Middle Name:

*Last Name: Miller

Suffix:

*Title: Airport Manager

*Telephone Number: 530-542-6182 Fax Number: 530-544-6366

*Email: smiller@cityofslt.us

*Signature of Authorized Representative: Sherry Miller Date Signed: 1/18/2013

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 24 2013
STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier:
5a. Federal Entity Identifier: 3-06-0249-	* 5b. Federal Award Identifier:
State Use Only:	
6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of South Lake Tahoe

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-1610868	09-5883476

d. Address:

* Street1: 1901 Airport Road, Suite 100
Street 2:
* City: South Lake Tahoe
County: El Dorado
* State: California
Province:
Country: USA
*Zip/ Postal Code: 96150

e. Organizational Unit:

Department Name:	Division Name:
Department of Public Works	Lake Tahoe Airport

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

Prefix:
First Name: Sherry
Middle Name:
* Last Name: Miller
Suffix:

Title: Airport Manager

Organizational Affiliation:

Lake Tahoe Airport

* Telephone Number: 530-542-6182
Fax Number: 530-544-6366

* Email: smiller@cityofslt.us

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

South Lake Tahoe; El Dorado County, California

* 15. Descriptive Title of Applicant's Project:

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Environmental Assessment (EA) for Obstruction Removal Reimbursement and Tree Removal

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

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

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$36,000.00
*b. Applicant	$2,380.00
*c. State	$1,620.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$40,000.00

***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 1-18-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Sherry

Middle Name:

*Last Name: Miller

Suffix:

*Title: Airport Manager

*Telephone Number: 530-542-6182 Fax Number: 530-544-6366

*Email: smiller@cityofslt.us

*Signature of Authorized Representative: Sherry Miller Date Signed: 1/18/2013

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 24 2013
STATE CLEARING HOUSE

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
946000347	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Healdsburg

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
946000347	097992291

d. Address:

* Street1: 401 Grove Street
Street2:
* City: Healdsburg
County: Sonoma
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95448

e. Organizational Unit:

Department Name:	Division Name:
Public Works	

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

Prefix: Mr. * First Name: Michael
Middle Name: Thomas
* Last Name: Kirn
Suffix:

Title: Public Works Director

Organizational Affiliation:

* Telephone Number: 707-431-3346 Fax Number: 707-431-2710

* Email: mkirn@ci.healdsburg.ca.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:

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:**

R13SF80003

* Title:

WaterSMART: Water and Energy Efficiency Grants for 2013

13. Competition Identification Number:

R13SF80003

Title:

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

City of Healdsburg and portions of Sonoma County

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

This is a full-scale pilot project to utilizing a unique reverse osmosis water recycling filtration system to capture, filter and recycle winery process water used in wine production.

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-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: 10/12/2015
* b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	300,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	757,000.00
* f. Program Income	
* g. TOTAL	1,057,000.00

*** 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 01/16/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [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: Michael
Middle Name: Thomas
* Last Name: Kirn
Suffix:

* Title: Public Works Director

* Telephone Number: 707-431-3346
Fax Number: 707-431-2710

* Email: mkirn@ci.healdsburg.ca.us

* 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	RECEIVED
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	JAN 25 2013

* 3. Date Received: 4. Application Identifier: STATE CLEARING HOUSE

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
AAT - 3-06-0003-	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Alturas

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-6000290	15-416-1728

d. Address:

* Street1: 200 W. North Street
Street 2:
* City: Alturas
County: Modoc
* State: California
Province:
Country: USA *Zip/ Postal Code: 96101

e. Organizational Unit:

Department Name:	Division Name:
Public Works	

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

Prefix: Mr. First Name: Joe
Middle Name:
* Last Name: Picotte
Suffix:

Title: Acting Director of Public Works

Organizational Affiliation:
City of Alturas, Department of Public Works, Alturas Municipal Airport

* Telephone Number: 530-233-2377 Fax Number: 530-233-3559

* Email: jpicotte@cityofalturas.org

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

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

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$67,500.00
*b. Applicant	$4,125.00
*c. State	$3,375.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$75,000.00

RECEIVED
JAN 28 2013
STATE CLEARING HOUSE

***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 1-21-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Joe

Middle Name:

*Last Name: Picotte

Suffix:

*Title: Acting Director of Public Works, City of Alturas

*Telephone Number: 530-233-2377 Fax Number: 530-233-3559

*Email: jpicotte@cityofalturas.org

*Signature of Authorized Representative: Joe Picotte Date Signed: 1-24-13

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Alturas, Modoc County, California

* 15. Descriptive Title of Applicant's Project:

Alturas Municipal Airport, Alturas, Modoc County, California: Airport Layout Plan Narrative including ALP Updated Plans

Attach supporting documents as specified in agency instructions.

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: 4. Application Identifier:

5a. Federal Entity Identifier: MMH - 3-06-0146-

* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Town of Mammoth Lakes

RECEIVED
JAN 25 2013
STATE CLEARING HOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067

*c. Organizational DUNS: 144603339

d. Address:

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

e. Organizational Unit:

Department Name: Public Works

Division Name:

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

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

Title: Assistant Airport Manager

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

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

* Email: bpicken@ci.mammoth-lakes.ca.us

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
20.106

CFDA Title:
Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Town of Mammoth Lakes, California

* 15. Descriptive Title of Applicant's Project:
Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Reimbursement for Debt Service - Temporary Terminal Facilities; Pavement Maintenance/Management Program; Remark Runway, Taxiway and Apron; Relocate Hold Line Marking; Change Runway Number Markings; Engineering Design Projects

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-025

* a. Applicant CA-025 * b. Program/Project: CA-025

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$1,064,891.00
*b. Applicant	$118,321.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$1,183,212.00

*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 1-21-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Raymond

Middle Name:

*Last Name: Jarvis

Suffix: P.E.

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

*Telephone Number: 760-934-8989 Fax Number: 760-934-8608

*Email: rjarvis@ci.mammoth-lakes.ca.us

*Signature of Authorized Representative: Raymond Jarvis Date Signed: 1/22/13

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: 4. Application Identifier:

5a. Federal Entity Identifier: MMH - 3-06-0146-

* 5b. Federal Award Identifier:

RECEIVED
JAN 25 2013
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Town of Mammoth Lakes

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067

*c. Organizational DUNS: 144603339

d. Address:

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

e. Organizational Unit:

Department Name: Public Works

Division Name:

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

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

Title: Assistant Airport Manager

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

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

* Email: bpicken@ci.mammoth-lakes.ca.us

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
20.106

CFDA Title:
Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Town of Mammoth Lakes, California

* 15. Descriptive Title of Applicant's Project:
Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Environmental Assessment - Phase 1 - Grade Runway Safety Area and Object Free Area; New Terminal, Airline Apron, Access Road, and Automobile Parking; Construct Security Fence & Cameras

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-025

* a. Applicant CA-025 * b. Program/Project: CA-025

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$202,500.00
*b. Applicant	$22,500.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$225,000.00

***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 1-21-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Raymond

Middle Name:

*Last Name: Jarvis

Suffix: P.E.

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

*Telephone Number: 760-934-8989 Fax Number: 760-934-8608

*Email: rjarvis@ci.mammoth-lakes.ca.us

*Signature of Authorized Representative: Raymond Jarvis Date Signed: 1/22/13

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

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. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: 20516

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Access Services

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4489711

*c. Organizational DUNS: 883300121

d. Address:

*Street1: 3449 Santa Anita Ave.
Street 2:
*City: El Monte
County: Los Angeles, CA
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 91734-1728

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STATE CLEARING HOUSE

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: Gilbert
Middle Name:
*Last Name: Garza
Suffix:

Title: Grants Analyst

Organizational Affiliation:
Access Services

*Telephone Number: 213-270-6000 Fax Number: 213-270-6048

*Email: garza@asila.org

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: E. Regional Organization

Type of Applicant 2: Select Applicant Type: M. Nonprofit

Type of Applicant 3: Select Applicant Type: --Select One--

*Other (specify):

*10. Name of Federal Agency:
FTA

11. Catalog of Federal Domestic Assistance Number:
20516

CFDA Title:
Section 5316 JARC

*12. Funding Opportunity Number:

*Title: Section 5316 JARC

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Access to work program

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 23, 25-30,32-35, 37-40, 43-44, 47

*b. Program/Project: 23, 25-30,32-35, 37-40, 43-44, 47

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

17. Proposed Project:

*a. Start Date: 7/1/2013

*b. End Date: 6/30/2016

18. Estimated Funding ($):

*a. Federal	$7,450,092.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$7,450,092.00

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

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

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix:

*First Name: Gilbert

Middle Name:

*Last Name: Garza

Suffix:

*Title: Grants Analyst

*Telephone Number: 213-270-6000

Fax Number: 213-270-6048

*Email: garza@asila.org

*Signature of Authorized Representative: Gilbert Garza

Date Signed: 1/16/12

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

* 3. Date Received: 4. Application Identifier:

JAN 28 2013

5a. Federal Entity Identifier: 3-06-0120-

* 5b. Federal Award Identifier: STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Lincoln

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000356

*c. Organizational DUNS: 004949160

d. Address:

* Street1: 600 6th Street
Street 2:
* City: Lincoln
County: Placer
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95648

e. Organizational Unit:

Department Name: Department of Public Services

Division Name: Lincoln Regional Airport

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

Prefix: Ms.
First Name: Paula
Middle Name:
* Last Name: Baldwin
Suffix:

Title: Office Supervisor

Organizational Affiliation:

City of Lincoln, Department of Public Services

* Telephone Number: 916-434-2452
Fax Number: 916-543-8516

* Email: pbaldwin@ci.lincoln.ca.us

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
20.106

CFDA Title:
Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
Lincoln Regional Airport, Lincoln, Placer County, California - Flightline Drive Rehabilitation (40' x 5,650'); Engineering Design of: Crack Seal - Runway, Taxiways, and Apron; Perimeter Fencing Gates; Rehabilitate Runway Safety Areas; and Replace Taxiway Lights, Transformers and Cables

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

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

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$1,406,700.00
*b. Applicant	$92,998.00
*c. State	$63,302.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$1,563,000.00

***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 1-18-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Mark

Middle Name: A.

*Last Name: Miller

Suffix:

*Title: Director of Public Services

*Telephone Number: 916-434-2452 Fax Number: 916-543-8516

*Email: mmiller@ci.lincoln.ca.us

*Signature of Authorized Representative: Date Signed: 1/25/13

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:
4. Application Identifier:

RECEIVED
JAN 28 2013
STATE CLEARING HOUSE

5a. Federal Entity Identifier: 3-06-0120-
* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Lincoln

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000356
*c. Organizational DUNS: 004949160

d. Address:

* Street1: 600 6th Street
Street 2:
* City: Lincoln
County: Placer
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95648

e. Organizational Unit:

Department Name: Department of Public Services
Division Name: Lincoln Regional Airport

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

Prefix: Ms.
First Name: Paula
Middle Name:
* Last Name: Baldwin
Suffix:

Title: Office Supervisor

Organizational Affiliation:

City of Lincoln, Department of Public Services

* Telephone Number: 916-434-2452
Fax Number: 916-543-8516

* Email: pbaldwin@ci.lincoln.ca.us

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
20.106

CFDA Title:
Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
Lincoln Regional Airport, Lincoln, Placer County, California - Environmental Assessment (EA) for: Rehabilitate Runway Safety Areas and Southeast Hangar Site Development (4 Hangar Rows)

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

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

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$216,000.00
*b. Applicant	$14,280.00
*c. State	$9,720.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$240,000.00

***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 1-18-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Mark

Middle Name: A.

*Last Name: Miller

Suffix:

*Title: Director of Public Services

*Telephone Number: 916-434-2452 Fax Number: 916-543-8516

*Email: mmiller@ci.lincoln.ca.us

*Signature of Authorized Representative: Mark Miller Date Signed: 1/25/13

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:

4. Applicant Identifier: Dept. of Food and Agriculture

RECEIVED
JAN 28 2013
STATE CLEARING HOUSE

5a. Federal Entity Identifier: 13-8506-1211-CA

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: January 25, 2013

7. State Application Identifier: 12-0351-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104

* c. Organizational DUNS: 807487665

d. Address:

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

e. Organizational Unit:

Department Name: California Department of Food and Agriculture

Division Name: Plant Health & Pest Prevention Services

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

Prefix:
* First Name: Jason
Middle Name: K
* Last Name: Chan
Suffix:

Title:

Organizational Affiliation: California Department of Food and Agriculture

* Telephone Number: (916) 654-1211
Fax Number: (916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Asian Citrus Psyllid

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 52 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 10/1/2012 * b. End Date: 9/30/2013

18. Estimated Funding ($):

* a. Federal	1,953,269
* b. Applicant	
* c. State	1,516,377
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	3,469,646

*** 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 28, 2013.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

* Email: crystal.myers@cdfa.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	* 2. Type of Application	* If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

RECEIVED

JAN 29 2013

STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier:
5a. Federal Entity Identifier: O81 - 3-06-0264-	* 5b. Federal Award Identifier:
State Use Only:	
6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: County of Modoc

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-6000522	07-611-8678

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
Modoc County Road Department	Airports

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

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

Title: Road Commissioner

Organizational Affiliation:

Modoc County Road Department - Airports

* Telephone Number: 530-233-6403
Fax Number:

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

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: B. County Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Tulelake, Modoc County, California

* 15. Descriptive Title of Applicant's Project:
Tulelake Municipal Airport, Tulelake, Modoc County, California: Acquisition of Snow Plow

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

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

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$144,000.00
*b. Applicant	$8,800.00
*c. State	$7,200.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$160,000.00

***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 1-24-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Mitch

Middle Name:

*Last Name: Crosby

Suffix:

*Title: Road Commissioner, Modoc County Road Department

*Telephone Number: 530-233-6403 Fax Number:

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

*Signature of Authorized Representative: Mitchell Crosby Date Signed: 1/28/13

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

Application for Federal Assistance SF-424

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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: 4. Application Identifier:

5a. Federal Entity Identifier: O59 - 3-06-0039-

* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Modoc

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000522

*c. Organizational DUNS: 07-611-8678

d. Address:

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

RECEIVED
JAN 29 2013
STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: Modoc County Road Department

Division Name: Airports

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

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

Title: Road Commissioner

Organizational Affiliation:

Modoc County Road Department - Airports

* Telephone Number: 530-233-6403 Fax Number:

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

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: B. County Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
20.106

CFDA Title:
Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Town of Cedarville, Modoc County, California

* 15. Descriptive Title of Applicant's Project:
Cedarville Municipal Airport, Cedarville, Modoc County, California: · Engineering Design of the Snow Plow Storage Facilities; Acquisition of Snow Plow; Construction of Snow Plow Storage Facilities

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

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

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$288,900.00
*b. Applicant	$17,655.00
*c. State	$14,445.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$321,000.00

***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 1-24-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Mitch

Middle Name:

*Last Name: Crosby

Suffix:

*Title: Road Commissioner, Modoc County Road Department

*Telephone Number: 530-233-6403 Fax Number:

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

*Signature of Authorized Representative: Mitchell Crosby Date Signed: 1/28/13

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: 4. Application Identifier:

5a. Federal Entity Identifier: MMH - 3-06-0146-

* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Town of Mammoth Lakes

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067

*c. Organizational DUNS: 144603339

d. Address:

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

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STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: Public Works

Division Name:

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

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

Title: Assistant Airport Manager

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

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

* Email: bpicken@ci.mammoth-lakes.ca.us

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

* 15. Descriptive Title of Applicant's Project:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Reimbursement for Debt Service - Temporary Terminal Facilities; Pavement Maintenance/Management Program; Remark Runway, Taxiway and Apron; Relocate Hold Line Marking; Change Runway Number Markings; Engineering Design Projects

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-025

* a. Applicant CA-025 * b. Program/Project: CA-025

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$1,064,891.00
*b. Applicant	$118,321.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$1,183,212.00

***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 1-21-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Raymond

Middle Name:

*Last Name: Jarvis

Suffix: P.E.

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

*Telephone Number: 760-934-8989 Fax Number: 760-934-8608

*Email: rjarvis@ci.mammoth-lakes.ca.us

*Signature of Authorized Representative: Raymond Jarvis Date Signed: 1/22/13

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:
4. Application Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Town of Mammoth Lakes

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

d. Address:

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

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e. Organizational Unit:

Department Name: Public Works
Division Name:

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

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

Title: Assistant Airport Manager

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

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

* Email: bpicken@ci.mammoth-lakes.ca.us

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

* 15. Descriptive Title of Applicant's Project:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Environmental Assessment - Phase 1 - Grade Runway Safety Area and Object Free Area; New Terminal, Airline Apron, Access Road, and Automobile Parking; Construct Security Fence & Cameras

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-025

* a. Applicant CA-025 * b. Program/Project: CA-025

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$202,500.00
*b. Applicant	$22,500.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$225,000.00

***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 1-21-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Raymond

Middle Name:

*Last Name: Jarvis

Suffix: P.E.

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

*Telephone Number: 760-934-8989 Fax Number: 760-934-8608

*Email: rjarvis@ci.mammoth-lakes.ca.us

*Signature of Authorized Representative: Raymond Jarvis Date Signed: 1/22/13

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:
4. Application Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Town of Mammoth Lakes

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

d. Address:

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

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e. Organizational Unit:

Department Name: Public Works
Division Name:

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

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

Title: Assistant Airport Manager

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

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

* Email: bpicken@ci.mammoth-lakes.ca.us

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

* 15. Descriptive Title of Applicant's Project:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Reimbursement for Enhanced ALP Update Project.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-025

* a. Applicant CA-025 * b. Program/Project: CA-025

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

17. Proposed Project:

*a. Start Date: 2013 *b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$96,551.00
*b. Applicant	$10,728.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$107,279.00

***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 1-21-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Raymond

Middle Name:

*Last Name: Jarvis

Suffix: P.E.

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

*Telephone Number: 760-934-8989 Fax Number: 760-934-8608

*Email: rjarvis@ci.mammoth-lakes.ca.us

*Signature of Authorized Representative: Raymond Jarvis Date Signed: 1/22/13

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:	4. Applicant Identifier:
	Dept. of Food and Agriculture

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
13-8506-1211-CA	

State Use Only:

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6. Date Received by State:	7. State Application Identifier:
January 25, 2013	12-0351-FR

8. APPLICANT INFORMATION:

JAN 29 2013

* a. Legal Name: State of California

STATE CLEARING HOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	807487665

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
California Department of Food and Agriculture	Plant Health & Pest Prevention Services

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

Prefix:		* First Name:	Jason
Middle Name:	K		
* Last Name:	Chan		
Suffix:			

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

State of California

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

Asian Citrus Psyllid

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 52 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 10/1/2012 * b. End Date: 9/30/2013

18. Estimated Funding ($):

* a. Federal 10,093,109
* b. Applicant
* c. State 1,516,377
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 11,609,486

*** 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 28, 2013.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative: * Date Signed:

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)

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*3. Date Received:

4. Application Identifier: Southern California Regional Rail Authority

5a. Federal Entity Identifier: 5802

*5b. Federal Award Identifier: STATE CLEARING HOUSE Section 5337

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Regional Rail Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663

*c. Organizational DUNS: 8361404750000

d. Address:

*Street1: One Gateway Plaza, 12th Floor
Street 2:
*City: Los Angeles
County:
*State: California
Province:
Country: USA
*Zip/ Postal Code: 90012

e. Organizational Unit:

Department Name: Grants Administration

Division Name: Finance

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

Prefix:
First Name: Yolanda
Middle Name:
*Last Name: Daugherty
Suffix:

Title: Manager, Capital Budgets & Grant Administration

Organizational Affiliation:

*Telephone Number: (213) 452-0233

Fax Number:

*Email: daughertyv@scrra.net

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: D. Special District Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

*Other (specify):

*10. Name of Federal Agency:
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:
20-507

CFDA Title:
Federal Transit Formula Grants

*12. Funding Opportunity Number: 49 U.S.C. 5337

*Title: State of Good Repair Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Los Angeles County, Ventura County

*15. Descriptive Title of Applicant's Project:
Rehabilitation and upgrade of Ventura Line communications systems.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

* 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 30 2013
STATE CLEARING HOUSE

* 3. Date Received: 01/17/2013

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): 956004509

* 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:**

R13SF80003

* Title:

WaterSMART: Water and Energy Efficiency Grants for 2013

13. Competition Identification Number:

R13SF80003

Title:

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

Cities of Chino, Chino Hills, Ontario, Fontana, Montclair,Upland, and Rancho Cucamonga; County of San Bernardino, State of California

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

Groundwater Recharge Supervisory Control and Data Acquisition System Upgrades 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-027
* b. Program/Project: CA-027

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

List of Congressional Distri | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2013
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	996,721.47
* b. Applicant	49,836.07
* c. State	946,885.40
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,993,442.94

*** 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 01/17/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [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:	Jason Gu
* Date Signed:	01/17/2013

Authorized for Local Reproduction

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

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 30 2013
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: Upper San Gabriel Valley Municipal Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2082591
* c. Organizational DUNS: 021089696

d. Address:

* Street1: 602 E. Huntington Drive, Suite B
Street2:
* City: Monrovia
County/Parish:
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91016

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: Elena
Middle Name:
* Last Name: Layugan
Suffix:

Title: Conservation Coordinator

Organizational Affiliation:

* Telephone Number: (626) 443-2297
Fax Number: (626) 443-0617

* Email: elena@uscvmwd.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Municipality - Special District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of the Interior - Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FOA No. R13SF15001

* Title:

Water Conservation Field Services Program - Southern California Area Office Financial Assistance Program for Fiscal Year 2013

13. Competition Identification Number:

Title:

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

Add Attachment... Delete Attachment View Attachment

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

Upper San Gabriel Valley Municipal Water District: Sustainable Landscaping Demonstration Program

Attach supporting documents as specified in agency instructions.

Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 26 & 32 * b. Program/Project 26 & 32

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: August 2013 * b. End Date: Dec. 2015

18. Estimated Funding ($):

* a. Federal	$100,000
* b. Applicant	$121,765
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$221,765

*** 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 1/30/2013.

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

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

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

Middle Name:

* Last Name: Chapman

Suffix:

* Title: General Manager

* Telephone Number: (626) 443-2297 Fax Number: (626) 443-0817

* Email: shane@usgvmwd.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: January 30, 2013

Shane Chapman

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	

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* 3. Date Received:
4. Application Identifier:

5a. Federal Entity Identifier: TCY - 3-06-0059-
* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Tracy

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000442
*c. Organizational DUNS: 931-671-403

d. Address:

* Street1: 520 Tracy Boulevard
Street 2:
* City: Tracy
County: San Joaquin
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95376

e. Organizational Unit:

Department Name: Public Works Department
Division Name: Airports

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

Prefix: Mr.
First Name: Rod
Middle Name:
* Last Name: Buchanan
Suffix:

Title: Interim Director, Public Works Department

Organizational Affiliation:

City of Tracy, Public Works Department, Airports

* Telephone Number: 209-831-6203
Fax Number: 209-831-4472

* Email: rod.buchanan@ci.tracy.ca.us

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Tracy, San Joaquin County, California

* 15. Descriptive Title of Applicant's Project:

Tracy Municipal Airport, Tracy, San Joaquin County, California: · Reimbursement for Pavement Evaluation/ Pavement Maintenance Management Program; Reimbursement for Engineering Design - Reconstruction of Runways, Taxiways, and Aprons; Construction - Reconstruction of Runways, Taxiways, and Aprons

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-011

* a. Applicant CA-011 * b. Program/Project: CA-011

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

17. Proposed Project:

* a. Start Date: 2013 * b. End Date: 2013

18. Estimated Funding ($):

*a. Federal	$13,293,900.00
*b. Applicant	$812,405.00
*c. State	$664,695.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$14,771,000.00

***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 1-31-2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Rod

Middle Name:

*Last Name: Buchanan

Suffix:

*Title: Interim Director of Public Works Department

*Telephone Number: 209-831-6203 Fax Number: 209-831-4472

*Email: rod.buchanan@ci.tracy.ca.us

*Signature of Authorized Representative: Date Signed: 1-31-13

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 11-Jan-13	Appli[illegible]antifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Preapplication
☐ Construction	☐ Construction
☒ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

RECEIVED JAN 31 2013 CLEARING HOUSE

Legal Name: Mendocino Community Health Clinic, Inc.

Organizational Unit:

Department:

Organizational DUNS: 08 - 387 - 0196

Division:

Address:

Street: 333 Laws Avenue

City: Ukiah

County: Mendocino

State: CA Zip: 95490

Country: USA

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

Prefix: Ms. First Name: Linnea

Middle Name: Joan

Last Name: Hunter

Suffix:

Phone Number (give area code): 707.472.4511

FAX Number (give area code): 707.468.0174

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 0 2 5 9 0 4 5

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): ☐ ☐

Other Specify: _____

9. NAME OF FEDERAL AGENCY: USDA

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

Title:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Community Facilities Grant Program

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*: Mendocino and Lake Counties, California

13. PROPOSED PROJECT:

Start Date	Ending Date
2/1/2013	12/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
1	1

15. ESTIMATED FUNDING:

a. Federal	$	20,000
b. Applicant	$	26,083
c. State	$	
d. Local	$	
e. Other	$	
f. Program Income	$	
g. TOTAL	$	46,083

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

A. XX YES. THIS PREAPPLICATION / APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 11-Jan-13

B. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS APPLICATION 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	First Name	Middle Name
Ms.	Linnea	Joan
Last Name: Hunter		Suffix
b. Title: President / Chief Executive Officer		c. Telephone Number (give area code): 707.472.4511
d. Signature of Authorized Representative: Linnea Hunter		e. Date Signed: 11-Jan-13

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Authorized for local reproduction

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 21-Jan-13	Applica[illegible]tifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Preapplication
☐ Construction	☐ Construction
☒ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Mendocino Community Health Clinic, Inc.

Organizational DUNS: 08 - 387 - 0196

Address:

Street: 333 Laws Avenue

City: Ukiah

County: Mendocino

State: CA Zip: 95490

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: Ms. First Name: Linnea

Middle Name: Joan

Last Name: Hunter

Suffix:

Phone Number (give area code): 707.472.4511

FAX Number (give area code): 707.468.0174

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JAN 3 1 2013

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 0 2 5 9 0 4 5

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

Other Specify: _____

7. Type of Applicant: (see back of form for Application Types):

O Not for profit Organization

Other (Specify): _____

9. NAME OF FEDERAL AGENCY: USDA

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

Title:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Community Facilities Grant Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Mendocino and Lake Counties, California

13. PROPOSED PROJECT:

Start Date	Ending Date
2/1/2013	12/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
1	1

15. ESTIMATED FUNDING:

a. Federal	$	16,000
b. Applicant	$	29,977
c. State	$	
d. Local	$	
e. Other	$	
f. Program Income	$	
g. TOTAL	$	45,977

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

A. XX YES. THIS PREAPPLICATION / APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 21-Jan-13

B. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS APPLICATION 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	First Name	Middle Name
Ms.	Linnea	Joan

Last Name: Hunter

Suffix:

b. Title: President / Chief Executive Officer

c. Telephone Number (give area code): 707.472.4511

d. Signature of Authorized Representative: Linnea Hunter

e. Date Signed: 21-Jan-13

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

Version 02

Application for Federal Assistance SF-424

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

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

*If Revision, select appropriate letter(s):

* Other (Specify)

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JAN 31 2013
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: South Coast Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419

*c. Organizational DUNS: 025986159

d. Address:

*Street1: 21865 Copley Dr.
Street 2:
*City: Diamond Bar
County:
*State: California
Province:
Country:
*Zip/ Postal Code: 91765

e. Organizational Unit:

Department Name: Project Director e-mail: rbermudez@aqmd.gov (monitoring & NPEP) & tgoss@aqmd.gov (charbroiler)

Division Name: Science & Technology Advancement

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

Prefix:
First Name: Mary
Middle Name:
*Last Name: Leonard
Suffix:

Title: Financial Analyst

Organizational Affiliation: South Coast Air Quality Management District

*Telephone Number: 909-396-2780

Fax Number: 909-396-2765

*Email: mleonard@aqmd.gov

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

Version 02

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: X. Other (specify)

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

*Other (specify): Special District

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

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Investigations, Special Purpose Activities to the CCA

*12. Funding Opportunity Number: Tracking Number 13-010

*Title:

13. Competition Identification Number:

Title:

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

Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

S103 Research Grant: PM 2.5 Monitoring (Cost-effective PM2.5 controls for underfired charbroilers)

Attach supporting documents as specified in agency instructions.

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

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant 42

*b. Program/Project: 24-49

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

17. Proposed Project:

*a. Start Date: April 1, 2012

*b. End Date: March 31, 2014

18. Estimated Funding ($):

*a. Federal $1,009,956.00
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL $1,009,956.00

***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 1-31-13
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix:

*First Name: Barry

Middle Name: R.

*Last Name: Wallerstein

Suffix: D. Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100

Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

Date Signed: 1-31-13

*Signature of Authorized Representative:

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL
By:
Date: 1/29/13