

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16 - 31, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> Replacement  * Other (Specify) Replacement
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<b>* 3. Date Received:</b> [ ]	<b>4. Applicant Identifier:</b> Our Town St. Helena	RECEIVED
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<b>5a. Federal Entity Identifier:</b> [ ]	<b>* 5b. Federal Award Identifier:</b> JAN 16 2014
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<b>State Use Only:</b>	<b>6. Date Received by State:</b> [ ]	<b>7. State Application Identifier:</b> STATE CLEARING HOUSE
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**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> Our Town St. Helena
---

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 264247407	<b>* c. Organizational DUNS:</b> 023035091
---	---

**d. Address:**

<b>* Street1:</b> 1451 Oak St.
<b>Street2:</b> [ ]
<b>* City:</b> St. Helena
<b>County:</b> Napa
<b>* State:</b> California
<b>Province:</b> [ ]
<b>* Country:</b> USA
<b>* Zip / Postal Code:</b> 94574

**e. Organizational Unit:**

<b>Department Name:</b> [ ]	<b>Division Name:</b> [ ]
-----------------------------	---------------------------

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

<b>Prefix:</b> Ms.	<b>* First Name:</b> Mary
<b>Middle Name:</b> [ ]	
<b>* Last Name:</b> Stephenson	
<b>Suffix:</b> [ ]	

<b>Title:</b> President
-------------------------

<b>Organizational Affiliation:</b> [ ]
---

<b>* Telephone Number:</b> (707) 963-1548	<b>Fax Number:</b> (707) 963-0706
---	-----------------------------------

<b>* Email:</b> stepcomm@aol.com
----------------------------------

**Application for Federal Assistance SF-424**

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

O. Not for Profit Organization

501 (c) (3)

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

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

\* Other (specify):

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

USDA

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

10420

CFDA Title:

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

\* Title:

**13. Competition Identification Number:**

Title:

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

Napa County

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

Mutual Self-Help Housing Development.

OTSH is continuing a Mutual Self-Help Housing Program tradition in Napa County. OTSH will seek properties that are appropriate for small infill Mutual Self-Help projects.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify)

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

JAN 17 2014

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name:

City of Sanger

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

94-6000425

\* c. Organizational DUNS:

0845169700000

d. Address:

\* Street1:

1700 7th Street

Street2:

\* City:

Sanger

County:

Fresno

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

93656

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:

John

Middle Name:

\* Last Name:

Mulligan

Suffix:

Title:

Director of Public Works

Organizational Affiliation:

\* Telephone Number:

5598766300

Fax Number:

\* Email:

jmulligan@ci.sanger.ca.us

**Application for Federal Assistance SF-424**

Version 02

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Bureau of Reclamation

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

15.507

CFDA Title:

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

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

R14AS00001

\* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2014

**13. Competition Identification Number:**

R14AS00001

Title:

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

City of Sanger, Fresno County

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

Sanger Conjunctive Use Intertie Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="80,000.00"/>
* b. Applicant	<input type="text" value="80,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="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
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <small>If Revision, select appropriate letter(s):</small> <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	<input type="text"/> <input type="text"/>
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* 3. Date Received: 01/17/2014	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: San Francisco State University	<b>RECEIVED</b> JAN 17 2014
* b. Employer/Taxpayer Identification Number (EIN/TIN): 931137247	* c. Organizational DUNS: 942514985

d. Address:

* Street1: 1600 Holloway Ave
Street2: ADM 471
* City: San Francisco
County: San Francisco
* State: CA: California
Province: <input type="text"/>
* Country: USA: UNITED STATES
* Zip / Postal Code: 94132-1722

e. Organizational Unit:

Department Name: ORSP	Division Name: Academic Affairs
-----------------------	---------------------------------

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

Prefix: <input type="text"/>	* First Name: Candy
Middle Name: <input type="text"/>	
* Last Name: Mou	
Suffix: <input type="text"/>	
Title: Grants Administrator	
Organizational Affiliation: San Francisco State University	
* Telephone Number: 415-405-4223	Fax Number: 415-338-2493
* Email: candymoo@sfsu.edu	

**Application for Federal Assistance SF-424**

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

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Geological Survey

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

15.808

CFDA Title:

U.S. Geological Survey Research and Data Collection

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

G14AS00021

\* Title:

Cooperative Ecosystem Studies Unit, Colorado Plateau CESU

**13. Competition Identification Number:**

G14AS00021

Title:

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

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

Development of a Climate Change Adaptation Tool for the NOAA National Estuarine Research Reserve System

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="24,402.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="24,402.00"/>

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

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

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

Yes       No     

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

Authorized for Local Reproduction

Standard Form 424  
Prescribed by OMB

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

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

## \* 2. Type of Application:

- New  
 Continuation  
 Revision

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

## \* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name:

Western Municipal Water District of Riverside County

## \* 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

## e. Organizational Unit:

## Department Name:

Engineering

## Division Name:

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

## Prefix:

Mr.

## \* First Name:

Derek

## Middle Name:

## \* Last Name:

Kawai

## Suffix:

## Title:

Director of Engineering

## Organizational Affiliation:

## \* Telephone Number:

951-571-7230

## Fax Number:

951-571-0592

## \* Email:

dkawai@wmwd.com

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JAN 21 2014

STATE CLEARINGHOUSE

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

## Application for Federal Assistance SF-424

Version 02

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

D: Special District Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

Bureau of Reclamation

## 11. Catalog of Federal Domestic Assistance Number:

15.507

## CFDA Title:

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

## \* 12. Funding Opportunity Number:

R14AS00001

## \* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2014

## 13. Competition Identification Number:

R14AS00001

## Title:

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

Communities within Western Riverside County, including the City of Norco, City of Corona and the unincorporated areas.

## \* 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
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-41	* b. Program/Project
Attach an additional list of Program/Project Congressional Districts if needed.		
1-16-List of Congressional D	Add Attachment	Delete Attachment
View Attachment		
<b>17. Proposed Project:</b>		
* a. Start Date:	01/06/2014	* b. End Date:
06/16/2017		
<b>18. Estimated Funding (\$):</b>		
* a. Federal	1,000,000.00	
* b. Applicant	8,955,350.00	
* c. State	1,000,000.00	
* d. Local	1,000,000.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	11,955,350.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		01/21/2014
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Explanation
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name:
		John
Middle Name:	V.	
* Last Name:	Rossi	
Suffix:		
* Title:	General Manager	
* Telephone Number:	951-571-7200	Fax Number:
		951-571-0592
* Email:	jrossi@wmwd.com	
* 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

**Application for Federal Assistance SF-424**

Version 02

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

* 3. Date Received: 01/15/2014	4. Applicant Identifier: [ ]
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JAN 21 2014

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: Santa Ana Watershed Project Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 952899964	* c. Organizational DUNS: 086591575
--	--

**d. Address:**

\* Street1: 11615 Sterling Avenue  
Street2: [ ]  
\* City: Riverside  
County: Riverside  
\* State: CA: California  
Province: [ ]  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 92503

**e. Organizational Unit:**

Department Name: Water Resources & Planning	Division Name: [ ]
--	-----------------------

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

Prefix: Mr. \* First Name: Dean  
Middle Name: [ ]  
\* Last Name: Unger  
Suffix: [ ]  
Title: Information Technology Manager

Organizational Affiliation:  
[ ]

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

\* Email: dunger@sawpa.org

**Application for Federal Assistance SF-424**

Version 02

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Bureau of Reclamation - Lower Colorado Region

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

15.530

CFDA Title:  
Water Conservation Field Services Program (WCFSP)

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

R14SF35010

\* Title:  
Water Conservation Field Services Program - Southern California Area Office

**13. Competition Identification Number:**

R14SF35010

Title:

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

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

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

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="38,448.50"/>
* b. Applicant	<input type="text" value="38,448.50"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="76,897.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: Department of Food and Agriculture	JAN 21 2014
5a. Federal Entity Identifier: United States Forest Service	* 5b. Federal Award Identifier: 14-DG-11052021-037	STATE CLEARING HOUSE
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
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 341	Street2: _____	
* City: Sacramento	County: Sacramento	
* State: California	Province: _____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: 95814	_____	
e. Organizational Unit:		
Department Name: _____	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Dean	
Middle Name: _____	_____	
* Last Name: Kelch	_____	
Suffix: _____	_____	
Title: Senior Plant Taxonomist		
Organizational Affiliation: _____		
* Telephone Number: 916-403-6650	Fax Number: 916-653-2403	
* Email: dean.kelch@cdfa.ca.gov		

**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

United States Forest Service

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

10-680

CFDA Title:

Cooperative Forestry Assistance

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

\* Title:

**13. Competition Identification Number:**

Title:

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

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant California

\* b. Program/Project California

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

**17. Proposed Project:**

\* a. Start Date: 7/1/14

\* b. End Date: 6/30/16

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

\* a. Federal 270,000

\* b. Applicant

\* c. State 270,000

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 540,000

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

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

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: Federal Funds Manager

\* Telephone Number: 916-403-6533

Fax Number:

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

\* Signature of Authorized Representative:

*Crystal Myers*

\* Date Signed:

1/21/2014

Application for Federal Assistance SF-424

Version 02

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

RECEIVED

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	JAN 21 2014
---	-----------------------------------	-------------

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

STATE CLEARINGHOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Sanger	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000425	* c. Organizational DUNS: 0845169700000

d. Address:

* Street1:	1700 7th Street
Street2:	_____
* City:	Sanger
County:	Fresno
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93656

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: John
Middle Name: _____	
* Last Name: Mulligan	
Suffix: _____	
Title: Director of Public Works	
Organizational Affiliation: _____	
* Telephone Number: 5598766300	Fax Number: _____
* Email: jmulligan@ci.sanger.ca.us	

**Application for Federal Assistance SF-424**

Version 02

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Bureau of Reclamation

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

15.507

CFDA Title:

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

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

R14AS00001

\* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2014

**13. Competition Identification Number:**

R14AS00001

Title:

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

City of Sanger, Fresno County

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

Sanger Conjunctive Use Intertie Project

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="80,000.00"/>
* b. Applicant	<input type="text" value="80,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="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
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty box]

\* Other (Specify):

[Empty box]

RECEIVED

\* 3. Date Received:

[Empty box]

4. Applicant Identifier:

[Empty box]

JAN 21 2014

5a. Federal Entity Identifier:

[Empty box]

5b. Federal Award Identifier:

[Empty box]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

8. APPLICANT INFORMATION:

\* a. Legal Name:

The Metropolitan Water District of Southern California

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

95-60020071

\* c. Organizational DUNS:

06-389-2975

d. Address:

\* Street1:

700 North Alameda Street

Street2:

[Empty box]

\* City:

Los Angeles

County/Parish:

[Empty box]

\* State:

CA: California

Province:

[Empty box]

\* Country:

USA; UNITED STATES

\* Zip / Postal Code:

90012

e. Organizational Unit:

Department Name:

Water Resources management

Division Name:

[Empty box]

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

Prefix:

[Empty box]

\* First Name:

Andrew M.

Middle Name:

[Empty box]

\* Last Name:

Hui

Suffix:

[Empty box]

Title:

Regional Supply Unit Manager

Organizational Affiliation:

[Empty box]

\* Telephone Number:

(213) 217-6557

Fax Number:

(213) 217-6119

\* Email:

ahui@mwdh2o.com

**Application for Federal Assistance SF-424****\* 8. Type of Applicant 1: Select Applicant Type:**

D: Special District Government

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

E: Regional Organization

**Type of Applicant 3: Select Applicant Type:****\* Other (specify):****\* 10. Name of Federal Agency:**

U.S. Department of Interior - Bureau of Reclamation

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

15.507

**CFDA Title:**

WaterSMART: Sustain and Manage America's Resources for Tomorrow

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

R14AS00001

**\* Title:**

WaterSMART: Water and Energy Efficiency Grants for FY 2014

**13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):****\* 15. Descriptive Title of Applicant's Project:**

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant  through CA-053

\* b. Program/Project  through CA-053

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="300,000.00"/>
* b. Applicant	<input type="text" value="1,000,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,300,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)**

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(e): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
6a. Federal Entity Identifier: <input type="text"/>	6b. Federal Award Identifier: <input type="text"/>	
State Use Only: 6. Date Received by State: <input type="text"/> 7. State Application Identifier: <input type="text"/>		
<b>8. APPLICANT INFORMATION:</b> * a. Legal Name: <input type="text"/> The Metropolitan Water District of Southern California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 95-6002071	* c. Organizational OUNS: <input type="text"/> 06-384-2975	
<b>d. Address:</b> * Street1: <input type="text"/> 700 North Alameda Street Street2: <input type="text"/> * City: <input type="text"/> Los Angeles County/Parish: <input type="text"/> * State: <input type="text"/> CA: California Province: <input type="text"/> * Country: <input type="text"/> USA: UNITED STATES * Zip / Postal Code: <input type="text"/> 90012		
<b>e. Organizational Unit:</b> Department Name: <input type="text"/> Water Resource Management Division Name: <input type="text"/>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b> Prefix: <input type="text"/> Mr. * First Name: <input type="text"/> Andrew Middle Name: <input type="text"/> M. * Last Name: <input type="text"/> Hui Suffix: <input type="text"/>		
Title: <input type="text"/> Regional Supply Unit Manager		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text"/> (213) 217-6557	Fax Number: <input type="text"/> (213) 217-6119	
* Email: <input type="text"/> ahui@mwdh2o.com		

RECEIVED

JAN 21 2014

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

D: Special District Government

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

E: Regional Organization

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

**\* Other (specify):**

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

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

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

15.507

**CFDA Title:**

WaterSMART: Sustain and Manage America's Resources for Tomorrow

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

RL4AS00001

**\* Title:**

WaterSMART: Water and Energy Efficiency Grants for Fiscal Year 2014

**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:**

On-site Retrofit Pilot 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	CA-023 THROUGH CA-053
* b. Program/Project	CA-023
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date:	10/01/2014
* b. End Date:	09/29/2017
10. Estimated Funding (\$):	
* a. Federal	1,000,000.00
* b. Applicant	1,000,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,000,000.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	01/17/2014
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
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 28, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	* First Name: Jeffrey
Middle Name:	
* Last Name:	Kightlinger
Suffix:	
* Title:	General Manager
* Telephone Number:	(213) 217-6115
Fax Number:	(213) 576-5425
* Email:	jkightlinger@emwdh2o.com
* Signature of Authorized Representative:	* Date Signed: 1/16/15

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuation	* Other (Specify)
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Revision		
<input type="checkbox"/> Changed/Corrected Application			
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
<b>RECEIVED</b>			
<b>JAN 21 2014</b>			
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
		<b>STATE CLEARING HOUSE</b>	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: South Coast Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN):		*c. Organizational DUNS:	
953099419		025986159	
<b>d. Address:</b>			
*Street1: 21865 Copley Dr.			
Street 2:			
*City: Diamond Bar			
County:			
*State: California			
Province:			
Country:			
*Zip/ Postal Code: 91765			
<b>e. Organizational Unit:</b>			
Department Name:		Division Name:	
Project Director e-mail: jlow@aqmd.gov		Science & Technology Advancement	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
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			

**Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:  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:

\*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:

Near -Road Nitrogen Dioxide, PM2.5, and Carbon Monoxide Monitoring Sites

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

**Application for Federal Assistance SF-424**

Version 02

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: **June 1, 2012**

\*b. End Date: **May 31, 2015**

18. Estimated Funding (\$):

\*a. Federal **\$400,000.00**

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL **\$400,000.00**

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on **1-21-24**
- 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

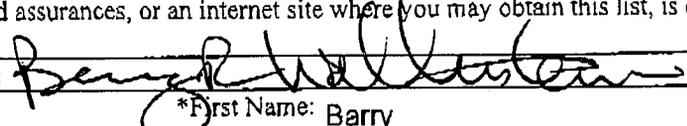
\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- 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**

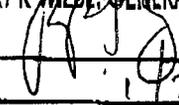
Fax Number: **909-396-3340**

\*Email: **bwallerstein@aqmd.gov**

\*Signature of Authorized Representative:

Date Signed: **1-21-14**

APPROVED AS TO FORM  
KURT R WIESE, GENERAL COUNSEL

By:   
Date: **1/21/14**

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty box]

\* Other (Specify)

[Empty box]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

RECEIVED

5a. Federal Entity Identifier:

[Empty box]

\* 5b. Federal Award Identifier:

[Empty box]

JAN 22 2014

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

B. APPLICANT INFORMATION:

\* a. Legal Name:

Rancho California Water District

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

95-2415751

\* c. Organizational DUNS:

053836235

d. Address:

\* Street1:

42135 Winchester Rd.

Street2:

[Empty box]

\* City:

Temecula

County:

[Empty box]

\* State:

CA: California

Province:

[Empty box]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92590

a. Organizational Unit:

Department Name:

Planning Department

Division Name:

[Empty box]

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

Prefix:

[Empty box]

\* First Name:

Denise

Middle Name:

[Empty box]

\* Last Name:

Landstedt

Suffix:

[Empty box]

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

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="499,926.58"/>
* b. Applicant	<input type="text" value="2,145,187.61"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,645,114.19"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify)

\* 3. Date Received:

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

\* 6b. Federal Award Identifier:

JAN 22 2014

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

Upper San Gabriel Valley Municipal Water District

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

9 6 2 0 8 2 5 9 1

\* c. Organizational DUNS:

021083696

d. Address:

\* Street1:

602 E. Huntington Drive, Suite B

Street2:

\* City:

Monrovia

County:

Los Angeles

\* State:

California

Province:

\* Country:

USA: United States

\* Zip / Postal Code:

91016

e. Organizational Unit:

Department Name:

Water Conservation

Division Name:

Water Use Efficiency

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

Prefix:

Ms.

\* First Name:

Elena

Middle Name:

\* Last Name:

Layugan

Suffix:

Title:

Water 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:**

G. 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:**

15507

**CFDA Title:**

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

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

FOA No. R14AS00001

**\* Title:**

WaterSMART: Water and Energy Efficiency Grants for FY 2014

**13. Competition Identification Number:**

R14AS00001

**Title:**

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

Bradbury, Monrovia, Duarte, Azusa, Glendora, Covina, West Covina, Valinda, La Puente, City of Industry, Bassett, Hacienda Heights, South El Monte, El Monte, Baldwin Park, Irwindale, Arcadia, Temple City, San Gabriel, South Pasadena and Rosemead.

**\* 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.

<b>Application for Federal Assistance SF-424</b>		
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input type="radio"/> New <input checked="" type="radio"/> Continuation <input type="radio"/> Revision	* Other (Specify)  <b>RECEIVED</b>
* 3. Date Received:	4. Applicant Identifier:	
	JAN 23 2014	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
	STATE CLEARING HOUSE	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: University Enterprises, Inc. on behalf of CSU Sacramento		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
941337638	029031796	
<b>d. Address:</b>		
* Street1:	6000 J Street	
Street2:		
* City:	Sacramento	
County:	Sacramento	
* State:	CA: California	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95819-6111	
<b>e. Organizational Unit:</b>		
Department Name:	Division Name:	
Research Administration	Academic Affairs	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	Mr	* First Name:
		David
Middle Name:		
* Last Name:	Earwicker	
Suffix:		
Title:	Assistant Vice President	
Organizational Affiliation:		
California State University, Sacramento		
* Telephone Number:	916-278-3669	Fax Number:
		916-278-6163
* Email:	david.earwicker@csus.edu	

<b>Application for Federal Assistance SF-424</b>	
<b>9. Type of Applicant 1: Select Applicant Type:</b>	
<input checked="" type="checkbox"/> Other (specify) _____	
Type of Applicant 2: Select Applicant Type: _____	
Type of Applicant 3: Select Applicant Type: _____	
* Other (specify): CSU Sacramento auxiliary org _____	
<b>* 10. Name of Federal Agency:</b>	
Geological Survey _____	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
15.808 _____	
CFDA Title: U.S. Geological Survey, Research and Data Collection _____	
<b>* 12. Funding Opportunity Number:</b>	
G14AS00003 _____	
* Title: USGS Non-Competitive Assistance FY 2014 - Sacramento Acquisition Branch _____	
<b>13. Competition Identification Number:</b>	
G14AS00003 _____	
Title: _____	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> _____	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
Placer Hall - Regional Director Fifth Floor Alterations _____	
Attach supporting documents as specified in agency instructions.	

**Application for Federal Assistance SF-424**

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

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

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

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Redding, California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000401	* c. Organizational DUNS: 07-378-0413
---	--

d. Address:

\* Street1: 777 Cypress Avenue  
Street 2:

\* City: Redding  
County: Shasta  
\* State: California  
Province:  
Country: USA

\* Zip/ Postal Code: 96001-2718

e. Organizational Unit:

Department Name: Support Services	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: A.  
\* Last Name: Dinger  
Suffix:

Title:  
Support Services Director/Airports Manager

Organizational Affiliation:  
City of Redding, California

\* Telephone Number: 530-224-4321 Fax Number: 530-224-4318

\* Email: rdinger@ci.redding.ca.us

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**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration (FAA)

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California

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

Construct Wash Rack - Phase 2 (Construction)

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of:

\* a. Applicant #02

\* b. Program/Project: #02

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

17. Proposed Project:

\* a. Start Date: 3/1/14

\* b. End Date: 12/31/14

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

*a. Federal	\$270,000.00
*b. Applicant	\$16,500.00
*c. State	\$13,500.00
*d. Local	
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$300,000.00

**\*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 1/22/14
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Rod

Middle Name: A.

\*Last Name: Dinger

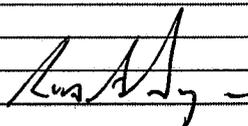
Suffix:

\*Title: Support Services Director/Airports Manager

\*Telephone Number: 530-224-4321

Fax Number: 530-224-4318

\*Email: rdinger@ci.redding.ca.us

\*Signature of Authorized Representative: 

Date Signed: 1/22/14

**Application for Federal Assistance SF-424**

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

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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Redding, California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000401	*c. Organizational DUNS: 07-378-0413
---	---

d. Address:

\* Street1: 777 Cypress Avenue  
Street 2:  
\* City: Redding  
County: Shasta  
\* State: California  
Province:  
Country: USA

\*Zip/ Postal Code: 96001-2718

e. Organizational Unit:

Department Name: Support Services	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: A.  
\* Last Name: Dinger  
Suffix:

Title: Support Services Director/Airports Manager

Organizational Affiliation:  
City of Redding, California

* Telephone Number: 530-224-4321	Fax Number: 530-224-4318
----------------------------------	--------------------------

\* Email: rdinger@ci.redding.ca.us

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STATE CLEARING HOUSE

**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 (FAA)

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title: N/A

13. Competition identification Number:

Title: N/A

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

Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California

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

Airport Master Plan Update (Including an Aeronautical Survey per FAA AC 150/5300-18B)

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of:

\* a. Applicant #02

\* b. Program/Project: #02

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

17. Proposed Project:

\* a. Start Date: 3/1/14

\* b. End Date: 9/30/15

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

*a. Federal	\$435,168.00
*b. Applicant	\$44,832.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$480,000.00

**\*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 Jan. 22, 2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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: A.

\*Last Name: Dinger

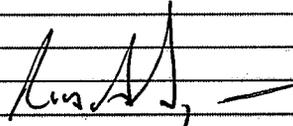
Suffix:

\*Title: Support Services Director/Airports Manager

\*Telephone Number: 530-224-4321

Fax Number: 530-224-4318

\*Email: rdinger@ci.redding.ca.us

\*Signature of Authorized Representative: 

Date Signed: 1/22/14

Application for Federal Assistance SF-424		
* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s):  * Other (Specify)
* 3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: City of Redding, California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000401	*c. Organizational DUNS: 07-378-0413	
d. Address:		
* Street1: 777 Cypress Avenue Street 2: * City: Redding County: Shasta * State: California Province: Country: USA		
*Zip/ Postal Code: 96001-2718		
e. Organizational Unit:		
Department Name: Support Services	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: A. * Last Name: Dinger Suffix:		
Title: Support Services Director/Airports Manager		
Organizational Affiliation: City of Redding, California		
* Telephone Number: 530-224-4321	Fax Number: 530-224-4318	
* Email: rdinger@ci.redding.ca.us		

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**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration (FAA)

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California

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

Acquire New ARFF Vehicle - Index B (including ancillary equipment)

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of:

\* a. Applicant #02

\* b. Program/Project: #02

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

17. Proposed Project:

\* a. Start Date: 3/1/14

\* b. End Date: 9/30/15

18. Estimated Funding (\$):

*a. Federal	\$861,270.00
*b. Applicant	\$88,730.00
*c. State	
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$950,000.00

\*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 Jan. 22, 2014  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

Yes  No

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: A.

\*Last Name: Dinger

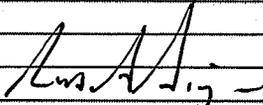
Suffix:

\*Title: Support Services Director/Airports Manager

\*Telephone Number: 530-224-4321

Fax Number: 530-224-4318

\*Email: rdinger@ci.redding.ca.us

\*Signature of Authorized Representative: 

Date Signed: 1/22/14

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[ ]

\* Other (Specify)

[ ]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[ ] RECEIVED

5a. Federal Entity Identifier:

[ ]

\* 5b. Federal Award Identifier:

JAN 23 2014  
15.507

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

[ ]

7. State Application Identifier:

[ ]

B. APPLICANT INFORMATION:

\* a. Legal Name:

Inland Empire Utilities Agency

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

95-6004609

\* c. Organizational DUNS:

043656206

d. Address:

\* Street1:

6075 Kimball Ave

Street2:

[ ]

\* City:

Chino

County:

[ ]

\* State:

CA: California

Province:

[ ]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

91709

e. Organizational Unit:

Department Name:

Finance & Accounting

Division Name:

Grants Administration

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

Prefix:

Mr.

\* First Name:

Jason

Middle Name:

J

\* 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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant: 35

\* b. Program/Project: 35

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: 09/30/2014

\* b. End Date: 09/31/2015

18. Estimated Funding (\$):

* a. Federal	300,000.00
* b. Applicant	836,557.93
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,136,557.93

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 01/23/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No [Explanation]

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: P. [ ]  
Middle Name: JOSEPH [ ]  
\* Last Name: Grindstaff [ ]  
Suffix: [ ]  
\* Title: General Manager [ ]  
\* Telephone Number: 909-993-1600 [ ] Fax Number: (909) 993-1985 [ ]  
\* Email: jgrindstaff@ieua.org [ ]  
\* Signature of Authorized Representative: Completed by Grants.gov upon submission. [ ] \* Date Signed: Completed by Grants.gov upon submission. [ ]

Authorized for Local Reproduction

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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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\* 3. Date Received:

\_\_\_\_\_

4. Applicant Identifier:

\_\_\_\_\_

JAN 23 2014

5a. Federal Entity Identifier:

\_\_\_\_\_

5b. Federal Award Identifier: STATE CLEARING HOUSE

\_\_\_\_\_

State Use Only:

6. Date Received by State: \_\_\_\_\_

7. State Application Identifier: \_\_\_\_\_

8. APPLICANT INFORMATION:

\* a. Legal Name: City of Dixon

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

94-600321

\* c. Organizational DUNS:

619720584

d. Address:

\* Street1: 600 East A Street

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

\* City: Dixon

County/Parish: Solano

\* State: CA: California

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

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95620

e. Organizational Unit:

Department Name:

Public Works Department

Division Name:

Engineering Division

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

Prefix: Mr. \* First Name: Chris

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

\* Last Name: Gioia

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

Title: Associate Civil Engineer

Organizational Affiliation:

\_\_\_\_\_

\* Telephone Number: 707 678 7031 ext. 303

Fax Number: 707 678 7039

\* Email: cgioia@ci.dixon.ca.us

**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:**

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

**\* Other (specify):**

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

Bureau of Reclamation

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

15.507

**CFDA Title:**

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

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

FOA No. R14AS00001

**\* Title:**

WaterSMART: Water and Energy Efficiency Grant

**13. Competition Identification Number:**

**Title:**

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

Solano County- refer to Technical Proposal for further information

Add Attachment

Delete Attachment

View Attachment

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

City of Dixon Wastewater Treatment Facilities (WWTF) Improvements Project - Salinity and Nitrate Compliance Through Water Conservation and Energy Efficiency

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-003

\* b. Program/Project CA-003

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

Attachment buttons: Add Attachment, Remove Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 01/23/2014

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

18. Estimated Funding (\$):

* a. Federal	1,000,000.00
* b. Applicant	27,500,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	28,500,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 01/23/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Attachment buttons: Add Attachment, Remove 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 1004)

\*\* I AGREE

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

Authorized Representative:

Prefix: Mr. \* First Name: J Lin  
 Middle Name:  
 \* Last Name: Lindley  
 Suffix:

\* Title: City Manager

\* Telephone Number: 707 678 7000 Fax Number: 707 678-0860

\* Email: j.lindley@dixon.enr.us

\* Signature of Authorized Representative:

\* Date Signed: 1-21-14

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

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

## \* 2. Type of Application:

- New  
 Continuation  
 Revision

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

## \* Other (Specify)

## \* 3. Date Received:

 Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## B. APPLICANT INFORMATION:

## \* a. Legal Name:

 Los Angeles Department of Water and Power

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

 95-6000736

## \* c. Organizational DUNS:

 603080136

## d. Address:

## \* Street1:

 111 North Hope Street, Room 1455

## Street2:

## \* City:

 Los Angeles

## County:

## \* State:

 CA: California

## Provinces:

## \* Country:

 USA: UNITED STATES

## \* Zip / Postal Code:

 90012

## e. Organizational Unit:

## Department Name:

 Department of Water and Power

## Division Name:

 Water Executive Division

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

## Prefix:

 Ms.

## \* First Name:

 Juliet

## Middle Name:

 S.

## \* Last Name:

 Wong

## Suffix:

## Title:

 Management Analyst

## Organizational Affiliation:

 Los Angeles Department Water and Power

## \* Telephone Number:

 (213) 367-8739

## Fax Number:

 (213) 367-5285

## \* Email:

 Juliet.Wong@ladwp.com

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 STATE CLEARING HOUSE

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

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

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

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

**\* Other (specify):**

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

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

**CFDA Title:**

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

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="750,000.00"/>
* b. Applicant	<input type="text" value="869,454.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,619,454.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 23, 2014	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: Sacramento Suburban Water District		Organizational Unit: Department:	
Organizational DUNS: 798624201		Division:	
Address: Street: 3701 Marconi Avenue, Suite 1000		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: Robert
County: Sacramento		Middle Name John	
State: CA	Zip Code 95821-5346	Last Name Swartz	
Country: United States		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 80-0002258		Phone Number (give area code) 916-967-7692	Fax Number (give area code) 916-967-7322
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: Dept of Interior, Bureau of Reclamation	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WaterSMART: Water and Energy Efficiency Grants for Fiscal Year 2014		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sacramento Regional Residential Water Meter Installation Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento city and county, CA			
13. PROPOSED PROJECT Start Date: October 1, 2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-003	
Ending Date: September 30, 2016		b. Project CA-003, CA-005	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 300,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 3,643,168	DATE: January 24, 2014	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 3,943,168		
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 Robert	Middle Name	
Last Name Roscoe		Suffix	
b. Title General Manager		c. Telephone Number (give area code) 916-972-7171	
d. Signature of Authorized Representative		e. Date Signed Jan. 14, 14	

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JAN 24 2014

STATE CLEARINGHOUSE

*Robert Roscoe*

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> January 23, 2014	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
Legal Name: Placer County Water Agency		Department:	
Organizational DUNS: 098-08-7843		Division:	
Address: Street: 144 Ferguson Road		Name and telephone number of person to be contacted on matters involving this application (give area code)	

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JAN 24 2014

STATE CLEARING HOUSE

City: Auburn	State: CA	Zip Code: 95604	Prefix: MSL	First Name: Monica	Middle Name:	Last Name: Garcia	Suffix:
County: Placer	County: United States	Email: mgarcia@rwh2o.org		Phone Number (give area code): 916-967-7692		Fax Number (give area code): 916-967-7322	

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1652786	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G. Special District Other (specify)
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> Dept of Interior, Bureau of Reclamation

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 16-507	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Sacramento Regional Irrigation Efficiency Project
<b>TITLE (Name of Program):</b> WaterSMART: Water and Energy Efficiency Grants for Fiscal Year 2014	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Cities of Sacramento, Roseville, Auburn, and Sacramento and Placer counties	

<b>13. PROPOSED PROJECT</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b>
Start Date: October 1, 2014	a. Applicant CA-001, CA-004
Ending Date: September 30, 2016	b. Project CA-003, CA-004, CA-005

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 300,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 24, 2014
b. Applicant \$ 577,944.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 877,944.00	

**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.**

<b>a. Authorized Representative</b>		
Prefix	First Name Einar	Middle Name
Last Name Malsch	Suffix	
<b>b. Title</b> Director of Strategic Affairs	c. Telephone Number (give area code) 630-823-4889	
<b>d. Signature of Authorized Representative</b>	e. Date Signed 1/21/14	

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 01/22/2014	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name <b>Los Angeles County Metropolitan Transportation Authority</b>	Organizational Unit: <b>Regional Grants Management</b>
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Anne Flores (213) 922-4894</b>

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>STATE CLEARING HOUSE</b>
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District        N Other (Specify) _____
If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)	<b>State Chartered Transit District</b>

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20507</b>	9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Section 5307 CMAQ - CA-95-X245</b>

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>05/21/2010</b>	Ending Date <b>06/30/2014</b>	a. Applicant <b>Districts 27, 28</b>	b. Project <b>Acquisition of Replacement Buses</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 1,839,600.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>01-22-2014</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 680,400.00		
e Other	\$ .00		
f Program Income	\$ .00		
g TOTAL		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL		\$ 2,520,000.00	

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>COSETTE STARK</b>	b Title DEO, Regional Grants Management	c Telephone number <b>(213) 922-2822</b>
d. Signature of Authorized Representative 	e. Date Signed 01/22/2014	

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**Application for Federal Assistance SF-424**

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

- Préapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

**\* Other (Specify)**

**\* 3. Date Received:**

**4. Applicant Identifier:**

Dept. of Food and Agriculture

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JAN 27 2014

**5a. Federal Entity Identifier:**

14-8506-1317-CA

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

STATE CLEARINGHOUSE

**State Use Only:**

**6. Date Received by State:** January 17, 2014

**7. State Application Identifier:** 13-0444-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:**

European Grapevine Moth

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

\* a. Federal 100,000  
\* b. Applicant  
\* c. State 0  
\* d. Local  
\* e. Other  
\* f. Program Income  
\* g. TOTAL 100,000

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\* Other (Specify):

**\* 3. Date Received:**

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:**

California Rural Water Association

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

68-0224404

**\* c. Organizational DUNS:**

7976744700003

**d. Address:**

**\* Street1:**

4131 Northgate Blvd

**Street2:**

**\* City:**

Sacramento

**County/Parish:**

Sacramento

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95834-1218

**e. Organizational Unit:**

**Department Name:**

Resource Development

**Division Name:**

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

**Prefix:**

Mr.

**\* First Name:**

Dustin

**Middle Name:**

**\* Last Name:**

Hardwick

**Suffix:**

**Title:**

Director of Resource Development

**Organizational Affiliation:**

**\* Telephone Number:**

760-920-0842

**Fax Number:**

916-553-4904

**\* Email:**

DHardwick@calruralwater.org

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JAN 29 2014  
STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Utilities Programs

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

10.762

CFDA Title:

Solid Waste Management Grants

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

SWM-FY14

\* Title:

Solid Waste Management Grant Program

**13. Competition Identification Number:**

Title:

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

1.1-Attachment- Congressional Districts.pdf

Add Attachment

Delete Attachment

View Attachment

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

California Native American SWMP Training and Technical Assistance Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="227,206.00"/>
* b. Applicant	<input type="text" value="34,888.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="262,094.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Stratford Public Utility District		Organizational Unit: Department: N/A	
Organizational DUNS: <b>RECEIVED</b>		Division: N/A	
Address: Street: 19681 Railroad		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: James	
City: Stratford		Middle Name H.	
County: Kings		Last Name Wegley	
State: CA Zip Code 93266		Suffix:	
Country: USA		Email: kelweg1@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941-6034933		Phone Number (give area code) 559-732-7938 Fax Number (give area code) 559-732-7937	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program		9. NAME OF FEDERAL AGENCY: United States Dept. of Agriculture-RD	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Facility Improvement Project	
13. PROPOSED PROJECT Start Date: December 2014 Ending Date: March 2016		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21	
15. ESTIMATED FUNDING: a. Federal \$ 1,029,100 b. Applicant \$ 0 c. State \$ 4,000,000 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 5,029,100		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative			
Prefix Mr.		First Name Jeff	Middle Name
Last Name Gonzalez		Suffix	
b. Title President		c. Telephone Number (give area code) 559-947-3037	
d. Signature of Authorized Representative		e. Date Signed 1-8-14	

Previous Edition Usable  
Authorized for Local Reproduction

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
*3. Date Received:		*If Revision, select appropriate letter(s): * Other (Specify)
*3. Date Received:		4. Application Identifier: CA-95X263
5a. Federal Entity Identifier: 7178		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Marin County Transit District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 38-3835348		*c. Organizational DUNS: 828720842
d. Address:		
*Street1: 711 Grand Ave, Suite 110 Street 2:		<b>RECEIVED</b>  JAN 31 2014  STATE CLEARING HOUSE
*City: San Rafael County:		
*State: CA Province:		
Country:		
*Zip/ Postal Code: 94901		
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: Lauren
Middle Name:		
*Last Name: Gradia		
Suffix:		
Title: Director of Finance and Capital Programs		
Organizational Affiliation:		
*Telephone Number: 415-226-0861		Fax Number:
*Email: lgradia@marintransit.org		

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- 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: FTA Section 5307

\*Title: Urbanized Area Formula Program (5307)

13. Competition Identification Number:

Title:

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

Marin County, CA

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

Marin Transit will complete a \$112,153 preventative maintenance project for rehabilitation of buses and related equipment. 88.5% FY2014 STP funds (\$99,289) and 11.5% local sales tax funding. UZA-San Francisco-Oakland.

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

**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.

17. Proposed Project: Preventative Maintenance component of contract service operation

\*a. Start Date: 02/15/2013

\*b. End Date: 7/30/2015

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

\*a. Federal \$99,289.00

\*b. Applicant

\*c. State \$12,864.00

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$112,153.00

**\*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 1/30/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

 Yes  No

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: David

Middle Name:

\*Last Name: Rzepinski

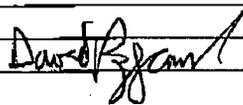
Suffix:

\*Title: General Manager

\*Telephone Number: 415-226-0855

Fax Number:

\*Email: drzepinski@marintransit.org

\*Signature of Authorized Representative: 

Date Signed: 1/30/14