

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16 - 30, 2015**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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:

01/15/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

The Regents of the University of California

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

946036494

* c. Organizational DUNS:

0471200840000

d. Address:

* Street1:

Office of Research, Sponsored Programs

Street2:

1850 Research Park Drive, Suite 300

* City:

Davis

County/Parish:

Yolo

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95618-6153

e. Organizational Unit:

Department Name:

Office of Research

Division Name:

Sponsored Programs

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

Prefix:

Dr.

* First Name:

Swee

Middle Name:

* Last Name:

Teh

Suffix:

Title:

Adjunct Professor

Organizational Affiliation:

The University of California Davis

* Telephone Number:

530-754-8183

Fax Number:

* Email:

sjteh@ucdavis.edu

RECEIVED

JAN 16 2015

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NOS-ORR-2015-2004319

* Title:

FY2015 NOAA Marine Debris Prevention through Education and Outreach

13. Competition Identification Number:

2508418

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

It is all connected Marine Debris in our own Backyards

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="57,529.00"/>
* b. Applicant	<input type="text" value="59,239.00"/>
* 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="116,768.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

BC: Decrease Award, Increase Duration

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01571.5

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

California Department of Parks and Recreation

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

68-0303606

* c. Organizational DUNS:

1720708070000

d. Address:

* Street1:

P.O. Box 942896

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

Ms.

* First Name:

Cristelle

Middle Name:

* Last Name:

Erickson

Suffix:

Title:

Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

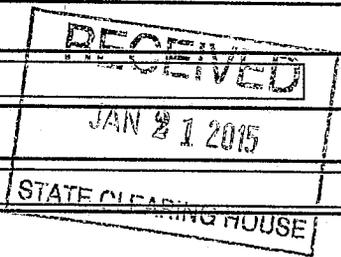
* Telephone Number:

916-654-8686

Fax Number:

* Email:

Cristelle.Erickson@parks.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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

F14AS00001

* Title:

Land and Water Conservation Fund State and Local Assistance Program

13. Competition Identification Number:

Title:

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

GNIS Detail - Chino Hills State Park.htm

Add Attachment

Delete Attachment

View Attachment

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

Chino Hills State Park - Entrance Road and Facilities
Department of Parks and Recreation
GNIS #1844317

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="334,709.00"/>
* b. Applicant	<input type="text" value="7,930,749.00"/>
* c. State	<input type="text" value="596,940.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="8,862,398.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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:

leave blank

5a. Federal Entity Identifier:

leave blank

* 5b. Federal Award Identifier:

leave blank

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED

JAN 23 2015

8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

* a. Legal Name:

Sacramento Municipal Utility District

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

94-6001157

* c. Organizational DUNS:

009235342

d. Address:

* Street1:

6201 S Street

Street2:

* City:

Sacramento

County:

Sacramento

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95817

e. Organizational Unit:

Department Name:

Energy Supply

Division Name:

Energy Research & Development

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

Prefix:

Ms.

* First Name:

Kathleen

Middle Name:

* Last Name:

Ave

Suffix:

Title:

Project Manager

Organizational Affiliation:

leave blank

* Telephone Number:

916-732-5302

Fax Number:

916-732-6423

* Email:

kathleen.ave@smud.org

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

Application for Federal Assistance SF-424	Version 02
<p>9. Type of Applicant 1: Select Applicant Type:</p> <p><input type="checkbox"/> D: Special District Government</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p><input checked="" type="checkbox"/> X: Other (specify)</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p><input type="text"/></p> <p>* Other (specify):</p> <p><input type="text" value="Municipal Electric Utility"/></p>	
<p>* 10. Name of Federal Agency:</p> <p><input type="text" value="Bureau of Reclamation"/></p>	
<p>11. Catalog of Federal Domestic Assistance Number:</p> <p><input type="text" value="15.507"/></p> <p>CFDA Title:</p> <p><input type="text" value="WaterSMART (Sustaining and Manage America's Resources for Tomorrow)"/></p>	
<p>* 12. Funding Opportunity Number:</p> <p><input type="text" value="R15AS00002"/></p> <p>* Title:</p> <p><input type="text" value="WaterSMART: Water and Energy Efficiency Grants for FY 2015"/></p>	
<p>13. Competition Identification Number:</p> <p><input type="text"/></p> <p>Title:</p> <p><input type="text"/></p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.):</p> <p>The project is proposed to be located on the Bureau of Reclamation's Folsom South Canal, at the SMUD Rancho Seco Pumping Plant. This plant is located in the rural community of Herald in the unincorporated area of Sacramento County.</p>	
<p>* 15. Descriptive Title of Applicant's Project:</p> <p>The Sacramento Solar Canal will utilize an innovative cable suspension system to install a photovoltaic system over the Folsom South Canal and offset SMUD's Pumping Plant electrical load.</p>	
<p>Attach supporting documents as specified in agency instructions.</p> <p> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/> </p>	

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-007"/>	* b. Program/Project <input type="text" value="CA-007"/>
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:	<input type="text" value="09/01/2015"/>	* b. End Date: <input type="text" value="08/31/2017"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="989,959.00"/>	
* b. Applicant	<input type="text" value="213,720.00"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text" value="857,960.00"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="2,061,639.00"/>	
* 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 <input type="text" value="01/23/2015"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="button" value="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)		
<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:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Paul"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Lau"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Assistant General Manager, Power Supply"/>	
* Telephone Number:	<input type="text" value="916-732-6252"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="paul.lau@smud.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424		Version 02			
<table border="0"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify): _____</td> </tr> </table>			* 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): _____
* 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: Completed by Grants.gov upon submission.	4. Applicant Identifier: leave blank	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JAN 23 2015</p> <p>STATE CLEARING HOUSE</p> </div>			
5a. Federal Entity Identifier: leave blank	* 5b. Federal Award Identifier: leave blank				
State Use Only:					
6. Date Received by State: _____	7. State Application Identifier: _____				
8. APPLICANT INFORMATION:					
* a. Legal Name: Sacramento Municipal Utility District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6001157	* c. Organizational DUNS: 009235342				
d. Address:					
* Street1: Street2: * City: County: * State: Province: * Country: * Zip / Postal Code:	6201 S Street _____ Sacramento Sacramento CA: California _____ USA: UNITED STATES 95817				
e. Organizational Unit:					
Department Name: Energy Supply	Division Name: Energy Research & Development				
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.	* First Name: Kathleen				
Middle Name: _____					
* Last Name: Ave					
Suffix: _____					
Title: Project Manager					
Organizational Affiliation: leave blank					
* Telephone Number: 916-732-5302	Fax Number: 916-732-6423				
* Email: kathleen.ave@smud.org					

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:
 X: Other (specify)

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:

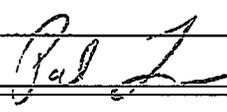
14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-007"/>	* b. Program/Project <input type="text" value="CA-007"/>
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:	<input type="text" value="09/01/2015"/>	* b. End Date: <input type="text" value="08/31/2017"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="989,959.00"/>	
* b. Applicant	<input type="text" value="213,720.00"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text" value="857,960.00"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="2,061,639.00"/>	
* 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		<input type="text" value="01/23/2015"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="text" value="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).		
<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:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Paul"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Lau"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Assistant General Manager, Power Supply"/>	
* Telephone Number:	<input type="text" value="916-732-6252"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="paul.lau@smud.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>



Application for Federal Assistance SF-424

Version 02

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

3. Date Received:	4. Applicant Identifier: 1171-1503
-------------------	---------------------------------------

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: Acuity Brands Lighting, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 58-2633371	*c. Organizational DUNS: 78-326-2520
--	---

d. Address:

*Street 1: 1400 Lester Rd

Street 2: _____

*City: Conyers

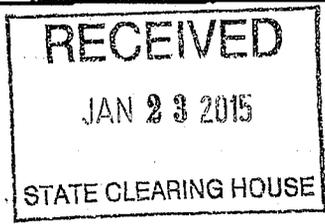
County: _____

*State: GA

Province: _____

*Country: USA

*Zip / Postal Code: 30012



e. Organizational Unit:

Department Name: OLED Business Group	Division Name:
---	----------------

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

Prefix: Dr. *First Name: Min-Hao

Middle Name: Michael

*Last Name: Lu

Suffix: _____

Title: Dir Innovation & Product Development

Organizational Affiliation:
Acuity Brands Lighting

*Telephone Number: 510-845-2760x6381 Fax Number: 510-845-2776

*Email: mike.lu@acuitybrands.com

Application for Federal Assistance SF-424

Version 02

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

Q. For-profit Org(Other Than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.086

CFDA Title:

Conservation Research and Development

***12 Funding Opportunity Number:**

DE-FOA-0001171

*Title:

Solid-State Lighting Advanced Technology R&D 2015

13. Competition Identification Number:

Title:

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

Berkeley, CA - location where main R&D activities will be carried out

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

OLED Luminaire with Panel Integrated Drivers and Advanced Controls

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: GA-4

*b. Program/Project: CA-13

17. Proposed Project:

*a. Start Date: 10/1/2015

*b. End Date: 9/30/2016

18. Estimated Funding (\$):

*a. Federal	455,131
*b. Applicant	151,710
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	606,842

***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 1/23/2015 - *Lu CA*
- 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: Dr. *First Name: Min-Hao
 Middle Name: Michael
 *Last Name: Lu
 Suffix: _____

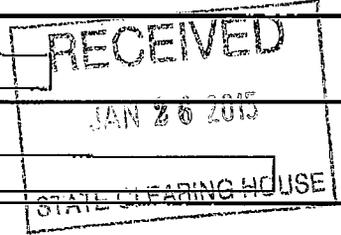
*Title: Director, Innovation & Product Development

*Telephone Number: 510-845-2760x6381 Fax Number: 510-845-2776

* Email: mike.lu@acuitybrands.com

*Signature of Authorized Representative:  *Date Signed: 1/23/2015

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> </p>		
<p>* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission. </p>		<p>4. Applicant Identifier: <input type="text"/> </p>
<p>5a. Federal Entity Identifier: <input type="text"/> </p>		<p>* 5b. Federal Award Identifier: <input type="text"/> </p>
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p>8. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: <input type="text"/> Upper San Gabriel Valley Municipal Water District</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 952082591 </p>		<p>* c. Organizational DUNS: <input type="text"/> 021083696 </p>
<p>d. Address:</p>		
<p>* Street1: <input type="text"/> 602 Huntington Drive, Suite B</p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text"/> Monrovia</p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text"/> CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/> 91016</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: <input type="text"/> Water Conservation </p>		<p>Division Name: <input type="text"/> Water Use Efficiency </p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text"/></p>		<p>* First Name: <input type="text"/> Elena </p>
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text"/> Layugan </p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> Conservation Coordinator </p>		
<p>Organizational Affiliation: <input type="text"/> </p>		
<p>* Telephone Number: <input type="text"/> (626) 443-2297</p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text"/> elena@usgvmwd.org </p>		



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:

15.530

CFDA Title:

Water Conservation Field Services Program (WCFSP)

*** 12. Funding Opportunity Number:**

R15AS00017

*** TNO:**

Water Conservation Field Services Program - SCAO

13. Competition Identification Number:

Title:

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

Bradbury, Monrovia, Duarte, Azusa, Glendora, Covina, West Covina, Valinda, La Puente, City of Industry, Rescott, 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 District's Large Landscape Survey and Retrofit Program.

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="100,000.00"/>
* b. Applicant	<input type="text" value="143,600.00"/>
* 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="243,600.00"/>

* 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 21B, Section 1001)

** I AGREE

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

Authorized Representative:

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

RECEIVED
JAN 26 2015
STATE CLEARING HOUSE

* 3. Date Received: 10/14/2010	4. Applicant Identifier:
--	---------------------------------

5a. Federal Entity Identifier:	5b. Federal Award Identifier: 06-01712.1
---------------------------------------	--

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** California - Department of Parks and Recreation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000
--	---

d. Address:

*** Street1:** P.O. Box 942896
Street2:
*** City:** Sacramento
County/Parish:
*** State:** CA: California
Province:
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 94296-0001

e. Organizational Unit:

Department Name: California Department of Parks	Division Name: Office of Grants & Local Svcs
---	--

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

Prefix: *** First Name:** Cristelle
Middle Name:
*** Last Name:** Erickson
Suffix:

Title: Project Officer

Organizational Affiliation:

*** Telephone Number:** 916-654-8686 **Fax Number:**

*** Email:** Cristelle.Erickson@parks.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:**

US Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15-916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

06-01712.1

* Title:

Bluff Trail Accessibility Improvements - Montana de Oro State Park
Pecho Valley Road
Los Osos, CA 93402

13. Competition Identification Number:

Title:

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

GNIS Detail - Montaña de Oro State Park.htm

Add Attachment

Delete Attachment

View Attachment

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

Bluff Trail Accessibility Improvements - Montana de Oro State Park, ID#246104
Pecho Valley Road
Los Osos, CA 93402

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): C: Increase Duration * Other (Specify):
* 3. Date Received: 10/14/2010	4. Applicant Identifier:	RECEIVED JAN 26 2015 STATE CLEARING HOUSE
5a. Federal Entity Identifier:	5b. Federal Award Identifier: 06-01711.1	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: California - Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000	
d. Address:		
* Street1: P.O. Box 942896	Street2:	
* City: Sacramento	County/Parish:	
* State: CA: California	Province:	
* Country: USA: UNITED STATES	* Zip / Postal Code: 94296-0001	
e. Organizational Unit:		
Department Name: California Department of Parks	Division Name: Office of Grants & Local Svcs	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: Cristelle	Middle Name:
* Last Name: Erickson	Suffix:	
Title: Project Officer		
Organizational Affiliation:		
* Telephone Number: 916-654-8686	Fax Number:	
* Email: Cristelle.Erickson@parks.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:**

US Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15-916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

06-01711.1

* Title:

Loop Nature Trail Improvements - Caswell Memorial State Park
2800 South Austin Rd
Ripon, CA 95366

13. Competition Identification Number:

Title:

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

GNIS Detail - Caswell Memorial State Park.h

Add Attachment

Delete Attachment

View Attachment

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

Loop Nature Trail Improvements - Caswell Memorial State Park, ID #220715
2800 South Austin Rd
Ripon, CA 95366

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

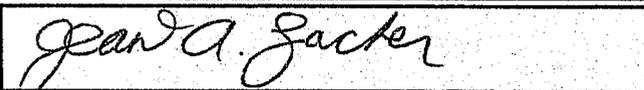
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

C: Increase Duration

* Other (Specify):

RECEIVED

JAN 26 2015

* 3. Date Received:

07/13/2011

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01710.1

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California - Department of Parks and Recreation

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

68-0303606

* c. Organizational DUNS:

1720708070000

d. Address:

* Street1: P.O. Box 942896

Street2:

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

California Department of Parks

Division Name:

Office of Grants & Local Svcs

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

Prefix:

* First Name:

Cristelle

Middle Name:

* Last Name: Erickson

Suffix:

Title: Project Officer

Organizational Affiliation:

* Telephone Number: 916-654-8686

Fax Number:

* Email: Cristelle.Erickson@parks.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:**

US Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15-916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

06-01710.1

* Title:

Ironwood Trail Accessibility Improvements - Salton Sea SRA
100-225 State Park Road
North Shore, CA 92254

13. Competition Identification Number:

Title:

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

GNIS Detail - Salton Sea State Recreation A

Add Attachment

Delete Attachment

View Attachment

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

Ironwood Trail Accessibility Improvements - Salton Sea SRA, ID 1868118
100-225 State Park Road
North Shore, CA 92254

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

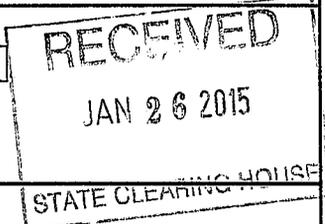
* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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



* 3. Date Received: 07/13/2011	4. Applicant Identifier:
--	---------------------------------

5a. Federal Entity Identifier:	5b. Federal Award Identifier: 06-01709.1
---------------------------------------	--

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** California - Department of Parks and Recreation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000
--	---

d. Address:

* Street1:	P.O. Box 942896
Street2:	
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94296-0001

e. Organizational Unit:

Department Name: California Department of Parks	Division Name: Office of Grants & Local Svcs
---	--

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

Prefix:		* First Name:	Cristelle
Middle Name:			
* Last Name:	Erickson		
Suffix:			
Title:	Project Officer		
Organizational Affiliation:			
* Telephone Number:	916-654-8686	Fax Number:	
* Email:	Cristelle.Erickson@parks.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:**

US Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15-916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

06-01709.1

* Title:

South Creek Trail Improvements- Samuel P Taylor State Park
8889 Sir Francis Drake Blvd
Lagunitas, CA 94938

13. Competition Identification Number:

Title:

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

GNIS Detail - Samuel P Taylor State Park.h

Add Attachment

Delete Attachment

View Attachment

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

South Creek Trail Improvements- Samuel P Taylor State Park, ID# 232358
8889 Sir Francis Drake Blvd
Lagunitas, CA 94938

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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

Application for Federal Assistance SF-424

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

RECEIVED
JAN 27 2015
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	
6a. 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:	Smith River Community Service District
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-1741262	004959342

d. Address:

* Street 1:	241 First Street
Street 2:	
* City:	Smith River
County/Parish:	
* State:	CA
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95567

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:	Myron
Middle Name:		
* Last Name:	Williamson	
Suffix:		
Title:	General Manager	
Organizational Affiliation:		
* Telephone Number:	(707) 487-5361	Fax Number:
* Email:	gmwilliamson@srwater.net	

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Special District

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan + Grant Program

* 12. Funding Opportunity Number:

* Title:

Water and Waste Disposal Loan & Grant Program

13. Competition Identification Number:

Title:

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

Smith River, Del Norte County CA

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Fred Haight Drive Water Mainline Relocation

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

*** 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

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)

** 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:

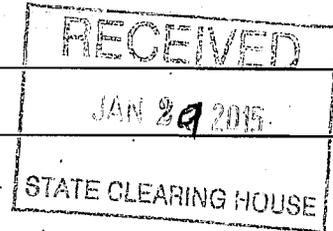
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission		* 2. Type of Application	* If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	- Select One -
<input 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:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: City of Redlands			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000766		* c. Organizational DUNS: 074712205	
d. Address:			
* Street1: 35 Cajon Street, Suite 222			
Street 2: PO Box 3005			
* City: Redlands			
County: San Bernardino			
* State: California			
Province:			
Country: United States		* Zip/ Postal Code: 92373	
e. Organizational Unit:			
Department Name: Quality of Life		Division Name: Airport Division	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Benjamin	
Middle Name: James			
* Last Name: Matlock			
Suffix:			
Title: Senior Administrative Analyst			
Organizational Affiliation: Airport Grant Administrator			
* Telephone Number: (909) 798-7655		Fax Number:	
* Email: bmatlock@cityofredlands.org			



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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*** Other (specify):***** 10. Name of Federal Agency:**

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:** 3-06-0195-013-2015**Title:** Design and Engineering of Redlands Municipal Airfield Signage and Lighting**13. Competition Identification Number:*Title:** N/A**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Redlands

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

Environmental services, design and engineering of Redlands Municipal Airfield Signage and Lighting. It will provide information necessary for the implementation of the Redlands Airfield Lighting and Sign Plan.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-031

*b. Program/Project: CA-031

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

17. Proposed Project:

*a. Start Date: 11/01/2014

*b. End Date: 06/30/2015

18. Estimated Funding (\$):

*a. Federal	150,000.00
*b. Applicant	16,667.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	166,667.00

***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 01/29/2014
- 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 on next page.)**

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Christopher

Middle Name:

*Last Name: Boatman

Suffix:

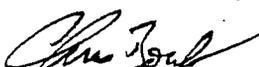
*Title: Senior Project Manager

*Telephone Number: (909) 798-7655

Fax Number:

* Email: cboatman@cityofredlands.org

*Signature of Authorized Representative:



*Date Signed:

1/28/15